



| Frainee Information: | | | | | |
|---|------------------------|----------|-------------------------------|---------------------------|--|
| Name (Last, First): | | GEMS II | D/Employee ID #: | Phone: | |
| | | | | | |
| Residency/Fellowship Program: | Program Year: | | Email Address: | | |
| | | | | | |
| Degree or Certificate Program: | • | Term: | | Year: 20 | |
| | | _ | , | | |
| How will this Certificate or Degree benef | it your professional d | evelopme | nt and please provide timelii | ne for degree/certificate | |
| completion? | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



PLEASE READ CAREFULLY:

Trainees should review the <u>USF ETP website</u> for important information related to eligibility, taxes, deadlines, and courses that are eligible. It is the responsibility of the Trainee to ensure forms are submitted on-time and to follow the USF ETP guidelines related to registering and dropping classes and paying any remaining balance. Failure to complete courses will exclude the Trainee from the ETP in the future.

| TRAINEE CERTIFICATION | | |
|--|---|--|
| I certify that the information furnished above | is accurate and that I have read and understand the ETP proc | edures and deadlines. |
| (Employee Signature) | | (Date) |
| PROGRAM DIRECTOR APPROVAL | | |
| rating on their most recent evaluation (canno | ive, I certify that the Trainee is in good standing in the program t be reflected as Needs Improvement or Unsatisfactory). In ad t been subject to discipline in the last 12 months. I also certify SF regulations, policies and procedures. | ldition, the Trainee is not on an active performance |
| (Program Director Name) | (Program Director Signature) | (Date) |
| GME APPROVAL | | |
| (GME Director Name) | (GME Director Signature) | (Date) |