



Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration



BOARD OF MEDICINE

MEDICAL TRAINING LICENSE

SSN AFFIDAVIT

I, _____, do hereby state under penalty of perjury the following:
(Name)

As of the date that my signature appears on this affidavit, I have not been issued a United States Social Security Number (SSN).

I have/will undertake efforts to obtain a SSN and will provide the SSN to the Board within fifteen (15) days of receiving it, and no later than 120 days of program onset date.

I understand that if I obtain a SSN and fail to timely submit the SSN to the Board, the Board may take appropriate action, which may affect my continued status as a postgraduate physician enrolled in the District of Columbia Medical Training License Program. In addition I understand that if I do not obtain a SSN within 120 days of program onset date I could jeopardize my continued participation in the Medical Training Program.

(Date)

(Signature)

Sworn and subscribed to before me this _____ day of _____, _____ (Year)

(Notary Public)