



## ISCD CCD Certification Application Verification for current Fellows & Residents

*Must be signed and uploaded as part of the online exam application process*

**Fellow/Resident:** Have your program director complete the following:

I attest that the above-named person is currently a participant in good standing in our Residency/Fellowship program.

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**Director Name**

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**Date**

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**Director Signature**

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**Director Title**