## Psychology Postdoctoral Fellowship Program

## **VERIFICATION OF COMPLETION OF DOCTORATE**(To Be Completed by Program Director or Director of Clinical Training)

Print Applicant Name	
The Psychology Division of Harbor-UCLA M complete all requirements for the doctorate training program.	
Please confirm that you fully expect the aborequirements for the doctorate, including distraining.	• • • • • • • • • • • • • • • • • • • •
I verify that, to the best of my knowledge to complete all doctoral requirements, in	• • •
Program Director or DCT (PRINT)	Program Director or DCT (SIGNATURE)
Date Form Completed	

Please return signed form via email to: <a href="mailto:cbustamante@dhs.lacounty.gov">cbustamante@dhs.lacounty.gov</a>

Psychology Division
Harbor-UCLA Medical Center
1000 W. Carson Street, Torrance, CA 90509
Email: cbustamante@dhs.lacounty.gov

(424) 306-5842