

**University at Buffalo
Office of Graduate Medical Education**

**Outside Annual Plan (OAP) Request
Program Director Attestation**

I _____ from _____
Program Director First Name Program Director Last Name Residency/Fellowship Training Program

attest to the accuracy of the attached documentation for an Outside the Annual Plan request

to _____, including the OAP questionnaire and Goals &
Name of Site

Objectives. My program will also inform GME of any H-1B visa holders rotating to any OAPs.

Program Director Signature