

<b>GME GRADUATION CLEARANCE</b>				
<b>Department:</b>	<b>Family Medicine &amp; Community Health</b>			
<b>Confer Date:</b>	<b>May 31, 2005</b>			
<b>Contact Name:</b>	<b>Your name here</b>			
<b>Contact Phone#:</b>	<b>Your phone # here</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Emplid</b>	<b>Completed Plan #</b>	<b>Program Start Date/End Date</b>
Jones	Mary	1234567	8007Z0711	1/10/02-5/5/05
Smith	John	7654321	8014Z1411	2/8/04-5/20/05