GRADUATE MEDICAL EDUCATION
TRAINING PROGRAM APPLICATION

Please designate the position for which you are applying:

Department: _____

Specialty: _____

PGY Level: _____

Start Date: _____

GENERAL INFORMATION

Last Name _____ First Name _____ Middle Name_____ Credentials _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Phone: _____

Contact Email address: _____

Gender: ☐ Female ☐ Male ☐ Decline to Answer

Date of Birth: _____

US Citizen ☐ Yes ☐ No Permanent resident ☐ Yes ☐ No

If no, Type of Visa _____

International Medical Graduate ☐ Yes ☐ No

ECFMG Certified? ☐ Yes ☐ No

Certificate Number: _____ If yes, please include a copy of your ECFMG Certificate.

Have you ever been convicted of (or plea bargained to) a felony conviction? ☐ Yes ☐ No

If yes, please attach a written explanation stating the nature, resolution and date of the case(s).

EDUCATION INFORMATION

UNDERGRADUATE INSTITUTION (Name and Location)   **Dates Attended**   **Degree Awarded**

_____ _____ To _____ _____

_____ _____ To _____ _____

MEDICAL SCHOOL(S) (Name and Location)   **Dates Attended**   **Degree Awarded**

_____ _____ To _____ _____

_____ _____ To _____ _____

GRADUATE TRAINING (Name and Location)   **Dates in Training**   **Type of Program**

_____ _____ To _____ _____

_____ _____ To _____ _____

GRADUATE MEDICAL EDUCATION TRAINING

Institution Name and Location   Dates in Training   Specialty

PGY 1 – Internship

_____ _____ To _____ _____

PGY 2 – Residency

_____ _____ To _____ _____

PGY 3 – Residency

_____ _____ To _____ _____

PGY 4 – Residency

_____ _____ To _____ _____

PGY 5 – Residency

_____ _____ To _____ _____

Fellowship – First

_____ _____ To _____ _____

Fellowship – Second

_____ _____ To _____ _____

STATE MEDICAL LICENSES

State   Number   Expiration Date   State   Number   Expiration Date

_____ _____ _____ _____ _____ _____

SPECIALTY BOARD CERTIFICATION

Board   Date Certified   Board   Date Certified

_____ _____ _____ _____

HOSPITAL UNIVERSITY APPOINTMENTS

Institution _____ Title _____ Dates _____

Institution _____ Title _____ Dates _____

Institution _____ Title _____ Dates _____

LANGUAGE FLUENCY

Proficiency Guidelines for Speaking:

Novice: Language consists primarily of short and sometimes incomplete sentences in the present and may be hesitant or inaccurate. Conversation is restricted to a few predictable topics necessary for survival in the target language culture, such as basic personal information, basic objects, and a limited number of activities, preferences, and immediate needs.
Intermediate: Language expresses personal meaning, in part by combining and recombining known elements and conversational input to produce responses typically consisting of sentences and strings of sentences. Ability to use past tense.
Advanced: Language demonstrates the ability to narrate and describe in the major time frames of past, present, and future by providing a full account. Narration and description tend to be combined and interwoven to relate relevant and supporting facts in connected, paragraph-length discourse. Intended message is conveyed without misrepresentation or confusion.

Language	Language Proficiency	Read/Write/Speak

RESEARCH EXPERIENCE
brief description, especially role, goal, results, you may attach additional pages if needed

_____

CAREER GOALS
Describe briefly your professional career goals, and mention any facts that will support your application.
You may attach additional pages if needed)

_____

REQUIRED DOCUMENTATION

The following documents must be submitted with your application:

☐ECFMG certificate (if applicable)
☐Medical School Diploma (and translation if applicable)
☐Up-to-date CV (NOTE: all dates from the date of graduation to present must be documented on the CV)
☐MSPE (Dean's letter)
☐Transcripts
☐USMLE scores
☐3 letters of Recommendation
☐Either a certificate of completion for your prior training or a letter from your current program director indicating that you are in good standing and will graduate prior to the beginning of the residency/fellowship

I certify that the information in this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position or may constitute cause for termination from the program.

_____   _____
Signature of Applicant   Date

_____
Printed name

OPTIONAL: SELF IDENTIFICATION

As an institution, the UACOMT is committed to creating an environment where a diverse constituency can thrive in an inclusive environment. In an effort to collect demographic data on our applicant pool, the GME Office would like to collect the following information. This will help us advance our Inclusive Excellence initiative aimed at creating a university that values student, staff and faculty engagement in addressing issues of diversity and inclusiveness.

Which of the following do you identify with (mark all that apply):

☐ Prefer Not to Respond
☐ American Indian or Alaskan Native
☐ Asian
☐ Black
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White