



## 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

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## CAREER GOALS

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

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## 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