

GRADUATE MEDICAL EDUCATION TRAINING PROGRAM APPLICATION

I hereby apply to the University of Arizona College of Medicine and Affiliated Institutions for clinical fellowship training in Geriatric Psychiatry at PGY5 level in the Department of Psychiatry.

GENERAL INFORMATION			
Last Name:	First Name:	Middle Name:	
Mailing Address:			
City:	State:	Zip Code:	
Contact Phone:			
Email Address:		Date of Birth:	
Emergency Contact Name and Phone:		What year fellowship are you applying for?:	
Gender:	Male	Female	Non-Binary
U.S. Citizen?		Yes	No
Permanent Resident?		Yes	No
If no, for both above questions, type of Visa:			
International Medical Graduate?		Yes	No
ECFMG Certified?	If yes, please include a copy of your ECFMG Certificate	Yes	No
Date of ECFMG Certification:	ECFMG Number:		

EDUCATION

UNDERGRADUATE:

Name of Institution	Location	Degree	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)

GRADUATE MEDICAL:

Name of Institution	Location	Degree	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)

LICENSURE

Are you currently licensed to practice medicine?			Yes	No
If so, please indicate:	State:	License Number:	Training or Full:	
	State:	License Number:	Training or Full:	
	State:	License Number:	Training or Full:	
Has your license ever been suspended, revoked, or voluntarily surrendered?			Yes	No
Have you ever been disciplined in any way by a licensing board? If yes, please explain:			Yes	No

SPECIALTY BOARD CERTIFICATION

Board	Specialty	Certified On	Expires On

RESEARCH or OTHER RELEVANT WORK EXPERIENCE in PREVIOUS FIVE YEARS

Type	Location	Dates

HOSPITAL UNIVERSITY APPORINTMENTS

Hospital / Institute	Location	Dates

PERSONAL STATEMENT

Describe your program for continued training and/or attach a personal statement.

SERVICE OBLIGATIONS

Are you committed to fulfill	Yes	No	If yes, Years	Branch / Program
U.S. Military active duty service obligations / deferments?				
Other service obligations? (i.e., Military Reserves or Public Health / State programs)				

Comments / Description:

CLAIMS, SUITS and/or SETTLEMENTS

Have you ever been convicted of (or pleas bargained to) a felony conviction? If yes, please attach a written explanation stating the nature, resolution and date of the case (s)	Yes	No
Have you been party to any malpractice liability claims, suits and / or settlements? If yes, please attach a summary	Yes	No

REQUIRED DOCUMENTATION

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 document on the CV)
Transcripts
USMLE scores
3 letters of recommendation
Either a certificate of completion for 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 residence / 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