

The University of Arizona/UPHK
 Graduate Medical Education Consortium
 2800 E. Ajo Way
 Tucson, Arizona 85713

APPLICATION FOR GRADUATE MEDICAL EDUCATIONAL TRAINING PROGRAM

Please designate the position for which you are applying:

Department:	_____	Clinical Assistant I (1 st year resident)		
Beginning Date:	_____	Clinical Assistant	II	III
Specialty:	_____		V	VI
NRMP Participant	Yes	No		
			Fellowship	Yes
				No

Name (last/first/middle) _____

Residence Address _____

City/State/Zip _____ Social Security No. _____

Home Phone: AC (_____) Business Phone: AC (_____)

GENERAL INFORMATION

U.S. Citizen	Yes	No	Foreign Medical Graduate	Yes	No
If not, Type of Visa			ECFMG Certified?	Yes	No
Alien Registration Number	_____		Please enclose a copy of your ECFMG Cert.		

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
_____	_____ TO _____	_____
_____	_____ TO _____	_____
MEDICAL SCHOOL(S) (Name and Location)		
_____	_____ TO _____	_____
_____	_____ TO _____	_____
GRADUATE TRAINING		TYPE OF PROGRAM
_____	_____ TO _____	_____
_____	_____ TO _____	_____
USMLE SCORES:		
Part I _____	Part II _____	Part III _____
FLEX EXAM (Cumulative Score)	_____	

GRADUATE MEDICAL EDUCATION

Institution Name & Location	Specialty (Flexible Categorical, Categorical(*))	Dates Attended	
		From	To
PG-1 Internship _____	_____	_____	_____
PG-2 (Residency) _____	_____	_____	_____
PG-3 (Residency) _____	_____	_____	_____
PG-4 (Residency) _____	_____	_____	_____
Fellowship First _____	_____	_____	_____
Fellowship Second _____	_____	_____	_____

LICENSURE

State	Number	Date	State	Number	Date
_____	_____	_____	_____	_____	_____
Specialty Board Certification			Date Certified		
_____			_____		
_____			_____		

HOSPITAL UNIVERSITY APPOINTMENTS

Institution	Title	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Awards/Honors _____

Professional Organizations _____

Publications/Scientific Work _____

Research Experience (brief description, especially role, goal, results) _____

Hobbies/Recreation Activities _____

REFERENCES

Clinical Assistant I (1st year resident) - Forward the following to the appropriate Department Head or Training Program Director:

- (1) Dean's letter or letter from Office of Student Affairs
- (2) A copy of your transcript
- (3) Three letters of recommendation

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Clinical Assistant II, III, IV, V, VI, VII (resident and fellowship)

- (1) Letter from Director of Internship Program

Name _____ Address _____

- (2) Three letters of recommendation to be forwarded to Department Head or Training Program Director

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

CAREER GOALS (Describe briefly your professional career goals, and mention any facts that will support your application)

Date _____ Signature _____