University of California, Irvine
Application for Residency/Fellowship
Department _____
Specialty _____
PGY you are applying to 1 2 3 4 5 6 7 starting 20____

- type or print clearly—use only black ink
- ask your Medical School to send the dean's letter of reference
- notify us promptly of any change in your address or e-mail

General information

Legal Name_____ Lived Name (if preferred) _____ School_____ USMLE ID_____ Email_____ Phone_____ _____	**Present Mailing Address** Street_____ City_____ State_____ Zip_____ Country_____ Effective Dates_____ **Permanent Mailing Address** Street_____ City_____ State_____ Zip_____ Country_____ Effective dates_____

Registering for NRMP?_____
NRMP # _____

Examinations

NBME PART 1 _____ NBME PART II _____ State Bd Exams (FLEX) Date_____	USMLE STEP 1_____ USMLE STEP 2_____ USMLE STEP 3_____

Medical licensure

Current medical licensure_____ Medical license number_____ Medical license suspended?_____ Medical license revoked?_____	Current malpractice case/s pending?_____ License or hospital privileges limitations?_____ Current DEA (BNDD) number_____ Voluntarily terminated?_____

ACLS:_____ Expiration Date:_____
PALS:_____ Expiration Date:_____
Board Certification:_____

Education Commission for Foreign Medical Graduate Certification

Are you certified by the ECFMG?_____ ECFMG certificate number_____ VISA type_____

State Medical Licenses

Type	Number	State	Exp. Date

Medical Education

Institution and location	Dates attended	Degree	Date of degree

Medical School Honors/Awards—(use back if necessary)

_____
_____
_____
_____
_____

Membership in Honorary/Professional Societies

_____
_____
_____
_____
_____
_____

Graduate Education

Institution and location	Dates attended	Degree	Date of degree	Field of Study

Undergraduate Education

Institution and location	Dates attended	Degree	Date of degree	Field of Study

Current/Prior Training

Institution, Location & Training Type	Program Director	Program Supervisor	Dates Attended	Month(s)	Discipline

Experience

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description:

Reason for Leaving:

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description:

Reason for Leaving:

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description:

Reason for Leaving:

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description:

Reason for Leaving:

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description:

Reason for Leaving:

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description:

Reason for Leaving:

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description:

Reason for Leaving:

Publications—(use back if necessary)

Language Fluency

Language	Language Proficiency	Proficiency Description

Hobbies & Interests

Other Awards & Accomplishments

Ask three supervisors, professors or teachers to send letters of reference directly to the department to which you are applying. List the names and addresses below. If you had a course or an elective in the specialty to which you are applying, use the supervisor/s of that course as a reference/s.

Name and address of references

1._____

2._____

3._____

Do you wish to be scheduled for an interview?____ If yes, contact the department to which you are applying.

For information regarding California licensure, contact

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

I agree to meet the California state licensing requirements prior to entering the program. Failure to comply may result in termination from the program.

_____ _____

Signature of applicant **Date**