

UMASS CHAN MEDICAL SCHOOL  
Office of Graduate Medical Education  
55 Lake Avenue North  
Worcester, MA 01655  
508-856-2903 [OGME@umassmed.edu](mailto:OGME@umassmed.edu)



UMass Chan  
MEDICAL SCHOOL

**APPLICATION FOR APPOINTMENT IN RESIDENCY OR FELLOWSHIP TRAINING PROGRAM**

Program: \_\_\_\_\_ PGY Level: \_\_\_\_\_ # of Years Sought: \_\_\_\_\_

Training to Begin: \_\_\_\_\_

**PERSONAL DATA**

Name in Full: \_\_\_\_\_  
(First) (Middle) (Last)

Present Address: \_\_\_\_\_ Day Tel: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Street) Night Tel: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(City) (State) (Zip)

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EDUCATION:** List all schools and inclusive dates attended

	School Name/Location	Major Field	Degree	Dates
Undergraduate	_____	_____	_____	_____
	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
	_____	_____	_____	_____
Medical School	_____	_____	_____	_____
	_____	_____	_____	_____

**RESIDENCY TRAINING**

Hospital Name/Location	Program	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate other professional activities (practice, research, military, training, etc.) since medical school:

Activity	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CURRENT LICENSURE**

State	Number	Date Issued	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EXAMINATIONS**

National Board of Medical Examiners (NBME)

	Date Taken	Score
Part I	_____	_____
Part II	_____	_____
Part III	_____	_____

Federation of State Medical Boards (FLEX)

	Date Taken	Score
Component I	_____	_____
Component II	_____	_____

United States Medical Licensing Examination – Circle one: USMLE COMLEX

	Date Taken	Score
Step 1	_____	_____
Step 2 (CS or PE)	_____	_____
Step 2 (CK or CE)	_____	_____
Step 3	_____	_____

Foreign Medical Graduate Examination in Medical Sciences (FMGEMS)

	Date Taken	Score
Day 1: Basic Science	_____	_____
Day 2: Clinical Science	_____	_____

American Specialty Boards

Eligible in: \_\_\_\_\_ Date: \_\_\_\_\_

Certified in: \_\_\_\_\_ Date: \_\_\_\_\_

**ECFMG STATUS** – if a graduate of a Foreign Medical School

ECFMG Number: \_\_\_\_\_

Valid Until: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**VISA STATUS** – if you are not a US citizen, please provide the following information

Current Non-Immigrant (Temporary) Visa Type: \_\_\_\_\_ Sponsor: \_\_\_\_\_

- OR -

Current Immigrant (Permanent) Status: \_\_\_\_\_

Expected Visa or Immigration Status at Time of Appointment: \_\_\_\_\_

**NATIONAL MATCH PROGRAM**

Have you signed an agreement with the National Resident Matching Program (NRMP)? Yes / No

If YES, your NRMP number: \_\_\_\_\_

**INTERVIEW**

This application must be received by this program no later than \_\_\_\_\_.

When are you available for an interview? \_\_\_\_\_

**ADDITIONAL INFORMATION** – Please list honors, research projects, special interests, publications, teaching appointments, and relevant work experiences OR attach a copy of your curriculum vitae or resume along with your personal statement.

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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**TRAINING PLANS** – What type and how many years of training do you anticipate?

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**CAREER GOALS** – What are your career plans and preferences?

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**REFERENCES** – List three faculty members of your medical school or attending physicians who are familiar with your clinical performance and request that letters be sent directly to the UMass Chan Medical School Program Director.

First Name, Last Name, Title

Address

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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Date of Application: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return application to the Program Director of the UMass Chan Medical School Program to which you are applying and request the Dean of your medical school to submit to the Program Director appropriate medical credentials and Dean’s Letters.

PLEASE NOTE: The University of Massachusetts Medical Center is an Action/Equal Opportunity Employer and is committed to increasing minority representation among its Residents and Fellows. If you wish to do so, please list your minority status:  
\_\_\_\_\_

