UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
Office of Graduate Medical Education
55 Lake Avenue North
Worcester, Massachusetts 01655
(508) 856-2903; e-mail: OGME@umassmed.edu

Print

APPLICATION FOR APPOINTMENT IN A RESIDENCY OR FELLOWSHIP TRAINING PROGRAM

Program in: _____ PGY Level: _____ _____

Training to begin: _____ Number of years of training sought: _____

PERSONAL DATA:

Name in full: _____ _____ _____
(First) (Middle) (Last)

Present address: _____ Day Tel: ( ) _____
(Street)

_____ Night Tel: ( ) _____
(City) (State) (Zip)

Permanent address: _____ Tel: ( ) _____
(Street)

_____
(City) (State) (Zip)

Social Security Number: _____

In case of emergency, notify: _____ Relationship: _____

Address: _____ Tel: ( ) _____

_____

EDUCATION: List all schools and inclusive dates attended.

	School Name and Location		Major Field	Degree	Dates
Undergraduate:					
Graduate:					
Medical School:					

RESIDENCY TRAINING:

Hospital Name and Location		Program	Dates

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

Activity	Location	Dates

Print

CURRENT LICENSURE:

State	Type	Number	Date Issued	Date Expired

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 (USMLE)

	Date Taken	Score
Step 1		
Step 2		
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: _____

Certified in: _____ Date: _____

ECFMG STATUS

ECFMG Number: ___ _____ _____ ___

Valid Until: _____

Date Issued: _____

VISA STATUS – If you are not a citizen of the U.S., please provide the following information:

Current Non-Immigrant (Temporary) Visa Type: _____ Sponsor: _____

or

Current Immigrant (Permanent) Status: _____

Expected Visa or Immigration Status at the time of Appointment:

Print

NATIONAL MATCH PROGRAM:

Have you signed an agreement with the National Resident Matching Program? _____ 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 and a personal statement.):

TRAINING PLANS (What type and how many years of training do you anticipate):

CAREER GOALS (What are your career plans and preferences):

REFERENCES: List three faculty members of your medical school or attending physicians who are familiar with your clinical performance and request that letters of reference be sent directly to the UMMC Program Director.

	First - Last Name & Title	Address
1.		
2.		
3.		

Date of application: _____

SIGNATURE: _____

Please return application to the Director of the UMMS Program to which you are applying, and request the Dean of your medical school to submit to the UMMS Program Director appropriate medical school credentials and Dean's Letters.

RECENT PHOTOGRAPH
(Optional)
3" x 3"

PLEASE NOTE: The University of Massachusetts Medical Center is an Affirmative 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: _____

Print

e-mail address: OGME@umassmed.edu