



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

Name _____ School _____ Citizenship _____ Birth place _____ USMLE ID _____ Student ID _____ Gender _____ Social Security _____ Birth date _____ E-mail _____ Phone/s _____	<p>Present Mailing Address</p> Street _____ City _____ State _____ Zip _____ Country _____ Effective Dates _____ <p>Permanent Mailing Address</p> Street _____ City _____ State _____ Zip _____ Country _____ Effective dates _____
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Registering for NRMP? _____ NRMP # _____	Military service obligation/deferment? _____ Other service obligation? _____
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Misdemeanor Conviction in the United States? _____ Felony Conviction in the United States? _____ Limitations? _____

Examinations

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

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Membership in Honorary/Professional Societies

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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: _____

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