

I hereby apply for clinical graduate training in _____ at _____ year level, to begin _____.

PERSONAL INFORMATION			
1. Name (Last) (First) (Middle)			2. Social Security Number
3. Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Other:	4. Date of Birth	5. Place of Birth (City) (State) (Country)	
6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	7. University ID Number (UIN)*	8. Nat'l Provider Identifier (NPI)**	
9. Present Address (Street) (City) (State) (Zip) (Country)			
10. Telephone Number		11. Personal Email Address	
12. Permanent Address (Street) (City) (State) (Zip) (Country)			
VISA STATUS (if applicable)			
13. Current Visa Status <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> J-1 <input type="checkbox"/> J-2 <input type="checkbox"/> H-1B <input type="checkbox"/> F-1 <input type="checkbox"/> O-1 <input type="checkbox"/> Asylee/Asylum <input type="checkbox"/> Temporary Protected Status (TPS) <input type="checkbox"/> Other (be specific):			
Yes or No: My <i>current</i> visa status includes an Employment Authorization Document (EAD)			<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Expected Visa Status <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> J-1 <input type="checkbox"/> J-2 <input type="checkbox"/> H-1B <input type="checkbox"/> F-1(OPT) <input type="checkbox"/> O-1 <input type="checkbox"/> Asylee/Asylum <input type="checkbox"/> Temporary Protected Status (TPS) <input type="checkbox"/> Other (be specific):			
Yes or No: My <i>expected</i> visa status will require an Employment Authorization Document (EAD)			<input type="checkbox"/> Yes <input type="checkbox"/> No

* A UIN is an identification number specific to the University of Illinois system. A UIN is issued to all U of I students, employees and some temporary visitors.

** Information about applying for & updating an NPI Identity & Access User ID will be forwarded to incoming residents & fellows as part of the onboarding process.

Applicant Name: _____

MEDICAL/DENTAL EDUCATION

15. Medical/Dental School	(Name)	(City)	(State/Country)
16. Date of Matriculation	17. Date of Graduation		
8. Prior Medical/Dental School (if applicable)	(Name)	(City)	(State/Country) (Dates Attended)

RESIDENCY/FELLOWSHIP HISTORY

Specialty	Institution	Location	Dates Served

ECFMG Registration/Certification (if applicable)

19. ECFMG No.	20. ECFMG Issue Date
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EXAMINATION SCORES

Exam Name	Date	Score	City/State	# of Attempts
USMLE STEP 1				
USMLE STEP 2-CK				
USMLE Step 2-CS				
USMLE Step 3				
COMLEX LEVEL 1				
COMLEX LEVEL 2-CE				
COMLEX LEVEL 2-PE				
COMLEX LEVEL 3				

Applicant Name: _____

GRADUATE EDUCATION

Graduate School Name/City/State/Country	Start Date	End Date	Degree (if any)	Area of Study

UNDERGRADUATE EDUCATION

Undergraduate School Name/City/State/Country	Start Date	End Date	Degree (if any)	Major

RECORD OF MEDICAL/DENTAL LICENSURE
List all medical and/or dental licenses issued to you since receiving your medical/dental degree.
Include licenses not issued in the United States.

License	State/Country	License #	Issue Date	Exp.Date
Original License				
Current License				
Other License				
Other License				
Other License				

Have you ever been denied a license, permit, or privilege of taking an examination by any licensing authority? <i>If yes, attach a detailed explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a license or permit encumbered in any way (revoked, suspended, surrendered, censored, restricted, limited, placed on probation)? <i>If yes, attach a detailed explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been named in a malpractice suit? <i>If yes, attach a detailed explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach statement including date and place of conviction(s) and nature of such offense(s).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Name: _____

PERSONAL STATEMENT
(Use additional sheet, if necessary)

Empty space for writing the personal statement.

Applicant Name: _____

LETTERS OF REFERENCE

List the name, title and institution of those you have requested to write in your behalf.
A minimum of three letters are required.

Signed, original letters—or electronically signed letters—are required. Letters of recommendation must be submitted by the source directly to the UIC training program, and must be not be older than a year.

Name & Title	Institution (Name, City, State/Country)
<u>Ref. #1</u>	
<u>Ref. #2</u>	
<u>Ref. #3</u>	
<u>Ref. #4</u>	

Check One:

- I hereby waive access to the above letters and will so inform the authors.
 I desire access to the above letters and will so inform the authors.

STATE OF HEALTH

Do you have any condition that would preclude you from forming rational judgments, reacting quickly in emergent situations, or working for an extended period of time (i.e., night call) under stressful conditions without interruption? *If yes, attach a detailed explanation.*

- Yes
 No

SERVICE OBLIGATIONS

(Military Service, National Health Service Corps, Armed Forces Scholarship, State Programs, Etc.)

- I am not required to fulfill any service obligations.
 I am committed to fulfill a service obligation beginning _____. No. of years committed: _____

APPLICANT SIGNATURE

I certify that the information on this application is complete and correct to the best of my knowledge. I understand that any false or missing information may disqualify me for this training position or be grounds for termination in case of employment.

Name of Applicant	Signature	Date

**This application is intended to be completed, signed and submitted electronically.
You may also print the form and submit the signed & dated original.**

Applicant Name: _____

UIC Residency/Fellowship File Requirements

A complete UIC/GME resident application file consists of the documents listed below. Please note: the UIC Office of Graduate Medical Education (GME) will not begin processing a resident file or is a UIC Resident Agreement until documents #1-9 are on file in the GME office.

Received	Required Application Document	Received Date
	1. Residency Application	
	2. Curriculum Vitae (CV)	
	3. Personal Statement	
	4. USMLE Score Sheets or Transcript (Steps 1, 2-CK <i>and</i> 2-CS; or equiv., e.g., COMLEX, NBDE)	
	5. ECFMG Certificate (International Medical School Graduates Only)	
	6. Medical / Dental School Diploma	
	7. Dean's Letter (aka "Principal's Letter")	
	8. Medical / Dental School Transcript	
	9. Three Letters of Recommendation <input type="checkbox"/> 1 – Last Name: <input type="checkbox"/> 2 – Last Name: <input type="checkbox"/> 3 – Last Name:	1: 2: 3:
	10. Letter of Good Standing* (if applicable)	
	11. Verification of Prior Training* (if applicable)	
<p>* NOTE: The applicant cannot be involved in the process of requesting or submitting a Letter of Good Standing and/or Verification of Prior Training. This documentation must be sent directly from the current or prior training program to the UIC training program to which the applicant has been accepted.</p>		

[01/22/2020]