

University of Connecticut School of Medicine Residency/Fellowship Non-ERAS Common Application Form

Program Applying to:	Start Date
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General Information

AAMC ID	NRMP #	USMLE ID	NBOME ID
Last Name	First Name	Middle Name	Previous Last Name/Other
Address			
Home Phone	Cell Phone	Email	
Best to contact me at: home phone, cell, email:			
Gender	Marital Status	Race	Birth Date
		SSN	SIN
Birth Country		Birth City	Birth State
Citizenship		If not a US Citizen, current visa type:	If not a US Citizen, proposed visa type:
Military service obligation/deferment?		If yes, explain:	Other service obligation? If yes, explain:
Felony Conviction?		If yes, explain:	Limitations? If yes, explain:

Examinations

Examination (USMLE or equivalent)	Status	Date
ACLS	PALS	DEA Reg. #
		Board Certification

State Medical Licenses

Type	Number	State	Expiration Date
Medical Licensure Problems including but not limited to suspensions, restrictions, disciplinary actions?			If yes, explain:
Ever Named in a Malpractice Suit?			If yes, explain:

Educational Commission for Foreign Medical Graduates Certification

Are you certified by the ECFMG?	ECFMG #:	Date of certificate:
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Attach a separate sheet if additional space is needed

Medical Education

Institution & Location	Dates Attended	Degree	Date of Degree
Medical Education/Training Extended or Interrupted?		If yes explain:	

Medical School Honors/Awards

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Membership in Honorary/Professional Societies

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Education

Education	Institution & Location	Dates Attended	Degree	Field of Study
Other				
Undergraduate				

Current/Prior Training (explain any extensions or interruptions on a separate sheet)

Program	Institution & Location	Program Director	Dates attended	Years

Experience

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

Publications

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Language Fluency (Other than English)

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Hobbies & Interests

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Other Awards/Accomplishments

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Certification

I certify that the information contained within my application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position, or if employed, may constitute cause for termination from the program. If accepted, I understand a background check will be done.

Signature	Date
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Photo

Attach:

- Personal Statement
- Letters of Recommendations/references (3)
- CV
- Medical School Dean's letter or Transcript
- Copy of USMLEs or equivalent scores (Residents Step 1 and 2, Chief Residents & Fellows Step 3)
- Copy of ECFMG certificate, if applicable