

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

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?				Other service obligation?			
Felony Conviction?				Limitations?			

Examinations

Examination	Status	Date	
ACLS	PALS	DEA Reg. #	Board Certification

State Medical Licenses

Type	Number	State	Expiration Date
Medical Licensure Problems?		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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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

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: Letters of Recommendations (3)
Personal Statement
USMLEs or equivalent (Residents Step 1 and 2, Chief Residents & Fellows Step 3)