APPLICATION FOR HOUSE STAFF APPOINTMENT

REQUIRED ATTACHMENTS

_____ **Hospital Application completed in Full**

_____ **ERAS Application or Specialty Society Application (if applicable)**

_____ **Curriculum Vitae (most recent, complete, without gaps)**

_____ **Official Medical School Transcript**

_____ **Official Board Scores (NBME/USMLE/COMLEX)**

_____ **Copy of Medical School Diploma**

_____ **Dean's Letter from Medical College**

_____ **ECFMG Certificate (if applicable)**

_____ **Current Immigration Status & Documents**

_____ **Three (3) letters of recommendation (from clinical faculty with whom the applicant has worked over the past 12-18 months)**

_____ **Letters of Recommendation from current Program Director or Employer (if no longer in training)**

_____ **Personal Statement**

_____ **List of Research Projects and Publications**

_____ **List of Rotations for the last academic year**

This application is to be used only for programs by applicants recruited outside the Match

APPLICATION FOR RESIDENT/FELLOWSHIP APPOINTMENT

Picture Here

1. All information should be legible
2. If more space is needed, attach additional sheets and make a reference to the questions being answered.
3. Attach all required documents as listed on cover sheet.

PROGRAM SELECTION:

Academic Year applying for: _____

Program Name: _____

Date of Application: _____

PERSONAL DATA:

Name in full: _____ Other Name/Nickname:_____

Gender: _____ Social Security No. _____ Date of Birth: _____

Marital Status: _____ Self-identification (Ethnicity) _____

Birth Place; _____ Citizenship: _____ Visa Status (if applicable) _____

Contact Address: _____City: _____State: _____

Zip Code _____ Country: _____ Contact Phone: _____

EMAIL Address: _____

Alternative Address: _____

_____

_____

Alternative Phone: _____

MEDICAL EDUCATION:

Medical School Name: _____Date of Graduation: _____

Address: _____

_____

POST-GRADUATE EDUCATION:

Residency: Start Date: _____ End Date: _____

Name of Program/Institution: _____

1. The program was accredited by ACGME:	☐ No	☐ Yes
2. Were any disciplinary actions taken against you?	☐ No	☐ Yes
3. Were there any problems with substance abuse or alcohol abuse?	☐ No	☐ Yes
4. Were you placed on probation, suspended, or in any way sanctioned/disciplined or placed under investigation while at this facility?	☐ No	☐ Yes

Residency: Start Date: _____ End Date: _____

Name of Program/Institution: _____

5. The program was accredited by ACGME:	☐ No	☐ Yes
6. Were any disciplinary actions taken against you?	☐ No	☐ Yes
7. Were there any problems with substance abuse or alcohol abuse?	☐ No	☐ Yes
8. Were you placed on probation, suspended, or in any way sanctioned/disciplined or placed under investigation while at this facility?	☐ No	☐ Yes

Fellowship: Start Date: _____ End Date: _____

Name of Program/Institution: _____

9. The program was accredited by ACGME:	☐ No	☐ Yes
10. Were any disciplinary actions taken against you?	☐ No	☐ Yes
11. Were there any problems with substance abuse or alcohol abuse?	☐ No	☐ Yes
12. Were you placed on probation, suspended, or in any way sanctioned/disciplined or placed under investigation while at this facility?	☐ No	☐ Yes

MEMBERSHIPS IN HONORARY/PROFESSIONAL SOCIETIES:

_____

_____

_____

LICENSURES:

1. Has your medical license ever been **voluntarily or involuntarily** terminated, reduced, suspended, diminished, revoked, relinquished or limited at any hospital or health care facility?

☐ No ☐ Yes Explanation: (use additional page if necessary and reference licensures question 1)

_____

_____

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2. Have you ever been the subject of disciplinary proceedings or investigations at any hospital or health care facility?

☐ No ☐ Yes Explanation (use additional page if necessary and reference licensures question 2)

_____

_____

_____

3. Have you ever been named in a malpractice case? ☐ No ☐ Yes

4. Is there anything in your past history that would limit your ability to be licensed? ☐ No ☐ Yes

LIMITING FACTORS:

1. Have you ever been convicted of a misdemeanor? ☐ No ☐ Yes

2. Have you ever been convicted of a felony? ☐ No ☐ Yes

3. Have any discipline challenges, actions or investigations been initiated, pending or completed against you by narcotics registration certificate? ☐ No ☐ Yes

4. Have you ever been the subject of an investigation by any private, federal or state agency concerning your participation in private, federal or state health insurance programs?

☐ No ☐ Yes

APPLICANT'S CONSENT AND RELEASE

Affirmation:

I represent that information provided in or attached to this application is accurate. I understand that a condition of this application is that any misrepresentation, misstatement, or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and may result in the denial of appointment and clinical privileges. Upon subsequent discovery of such misrepresentation, misstatement, or omission, the hospital may immediately terminate my appointment.

_____ _____

Signature of Applicant Date

_____

Printed or typed Name of Applicant