

THE UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS



Application for Residency/Fellowship
1 2 3 4 5 6

in _____ from _____
(Dept.) (yr.)

Last Name	First Name	Middle Name	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Birth Date	Birth Place	Citizenship	NRMPNo.
			Social Security No.
Present Mailing Address			Telephone Home
Permanent Home Address			Office
Military Status.			

PRE-MEDICAL EDUCATION

Name of Institution	City and State	From	To	Degree
		Mo.-Yr.	Mo.-Yr.	
High School				
College				
Graduate School				

MEDICAL EDUCATION

Name of Institution	City and State	From	To	Degree (M/D/Y rec'd)
		Mo.-Yr.	Mo.-Yr.	

USMLE Scores: Step 1 Step2 Step3

National Board Scores: Part I Part II Part III.

Honors (Medical School and Postgraduate):

Most Recent Hospital Affiliation

Teaching Appointments, Fellowships, Residences, Internships (List most recent date first)

Name of Institution	Service	City & State	From	To
			Yr.	Yr.

PROFESSIONAL REFERENCES (List three)

Please ask those persons listed to send letters directly to Dept. Chairman

Name	Address	Professional Relationship
1.		
2.		
3.		

Applicants list references from clinical departments (e.g., from third year required clerkship's). Applicants for straight pathology include reference from pathology if appropriate. Orthopedic surgery applicants include reference from orthopedic surgeon from your medical school, medical school surgery faculty, one other. Resident or fellow applicants list references from previous or current postgraduate programs (must include your program director) unless applying directly after M.D.

PROFESSIONAL LICENSURE

State/Province	Type of License	Date Issued	License No.	Check Below	
				Permanent	Temporary

LIST SPECIAL RESEARCH PROJECTS-PRACTICAL MEDICAL EXPERIENCE (Give Places & Dates)

1. Military Obligation: Completed Pending None

2. Background and present situation. (athletics, hobbies, foreign travel, etc.); please attach biographical sketch of activities for the past 10 years:

3. Why are you interested in UNM?

4. Other pertinent information (career plans, languages, special skills, experience, etc.):

INSTRUCTIONS:

Residents and Fellows: Complete three copies

- a. One to be sent to the program director of the department to which you are applying.
- b. One copy to the dean of your medical school for forwarding with your dean's letter and your transcript.
- c. One for your files.

Enclose recent photograph (optional).
3 letters of reference.

The University of New Mexico is an Affirmative Action/
Equal Opportunity Institution.

FOREIGN MEDICAL GRADUATES:

ECFMG: Interim Standard Certificate **NO** _____, _____

Enclose copy of ECFMG Certificate.

ECFMG scores: Basic Science ____ Clinical Science ____ English ____

TOEFL Exam:

Yes No

FMGEMS Exam:

Yes No

Visa Status:

- Current possession Application in progress
- Exchange visitor Permanent Immigrant
- Refugee Other _____

Return to:

Date: _____

Signature of Applicant: _____

