THE UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS

APPLICATION TO THE GERIATRIC PSYCHIATRY FELLOWSHIP, DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER

GENERAL INFORMATION

Last Name	First Name	Middle Name	☐ Male ☐ Female

Birth Date	Birth Place	Citizenship	Social Security Number

Present Mailing Address	Home Telephone #
Permanent Home Address	Work/Office Telephone #

PRE-MEDICAL EDUCATION

Name of Institution	*City, State, Country*	*From (mo/yr)*	*To (mo/yr)*	*Degree*
High School				
Undergraduate				
Graduate				
Other				

MEDICAL EDUCATION

Name of Institution	*City, State, Country*	*From (mo/yr)*	*To (mo/yr)*	*Degree*

USMLE Scores	Step 1	Step 2	Step 3	*COMPLEX Scores*	Level 1	Level 2	Level 3

Honors (Undergraduate, Graduate, Medical School):

(Honors, continued)

Most Recent Hospital Affiliation:

INTERNSHIPS, RESIDENCIES, FELLOWSHIPS, TEACHING APPOINTMENTS (list most recent date first)

Name of Institution	*Service or Specialty*	*City, State, Country*	*From (mo/yr)*	*To (mo/yr)*

Honors (for above):

PROFESSIONAL RECOMMENDATIONS (please list at least three)

Address letters to: Mohamad Khafaja, MD – c/o Gabrielle Trujillo
Department of Psychiatry, UNM-SOM
1 University of New Mexico MSC09 5030
Albuquerque, NM 87131

1) Name: Professional Relationship: **Psychiatry Residency Training Director**

Address: Telephone:

2) Name: Professional Relationship:

Address: Telephone:

3) Name: Professional Relationship:

Address: Telephone:

4) Name: Professional Relationship:

Address: Telephone:

PROFESSIONAL LICENSURE

State/Province	*Type of License*	*Date Issued*	*License #*	*Check one*
				☐ Permanent ☐ Temporary
				☐ Permanent ☐ Temporary

ADDITIONAL INFORMATION

Language Fluencies:	
Cultural Competencies:	
Special Skills:	
Military Status:	Military Obligation: ☐ Completed ☐ Pending ☐ None

WRITTEN STATEMENT

Please attach a personal statement. We suggest that you consider including the following:

- a biographical sketch, including the development of your interest in geriatric psychiatry;
- your previous clinical experience with geriatric population;
- your research experience or additional relevant accomplishments;
- your special areas of interest and/or theoretical orientation in geriatric psychiatry;
- your educational goals for your geriatric psychiatry fellowship;
- your eventual career goals following your fellowship;
- your interest in the geriatric psychiatry fellowship at the University of New Mexico
- any other information which you would like us to consider.

FOREIGN MEDICAL GRADUATES

ECFMG Information	☐ Interim ☐ Standard	Certificate #	Basic Science Score	Clinical Science Score	English Score	Please enclose a copy of your ECFMG exam certificate.
TOEFL Examination Information		TOEFL Exam Taken: ☐ Yes ☐ No				If you took the TOEFL, please enclose a copy of your TOEFL exam certificate.
FMGEMS Examination Information		FMGEMS Exam Taken: ☐ Yes ☐ No				If you took the FMGEMS, please enclose a copy of your FMGEMS exam certificate.
United States Visa Status: ☐ Currently possess a US visa ☐ Application in progress ☐ Exchange visitor ☐ Permanent ☐ Immigrant ☐ Refugee ☐ Other - please describe below						
(US Visa Status – comments):						

APPLICATION INSTRUCTIONS

1) Attach a recent 2 ½ x 3-inch photograph where indicated below.
2) Request that letters of recommendation be sent to us from the references you have listed on this application.
3) Request that an official copy of your medical school transcript(s) be sent to us (the address is listed in #6 below).
4) Request transcript of your USMLE or COMPLEX be sent to us (the address is listed in #6 below).
5) Complete, sign, and date this application.
6) Send this application, along with your personal statement, a current *curriculum vitæ*, and any other requested information, to:

Mohamad Khafaja, MD
Training Director
c/o Gabrielle Trujillo
MSC09 5030
1 University of New Mexico
Albuquerque, NM 87131-5326

If you have any questions about the application process please contact the Fellowship Coordinator, Gabrielle Trujillo, either by telephone at (505) 272-6203, or by email at gtrujillo@salud.unm.edu. We will contact you when your application file is complete. Thank you for your interest in our fellowship.

SIGNATURE AND PHOTOGRAPH

Signature of Applicant: _____

Date: _____

Recent Photograph
2 ½ x 3 inches
Color or black & white

Malpractice/Discipline Actions

A. Malpractice

If there have been settlements, malpractice claims, and/or lawsuits pending or closed during the previous 10 years, please describe on a separate page.

B. Miscellaneous

a. Has your professional license in any state ever been revoked, suspended, canceled or restricted?
☐Yes ☐No

b. Have you ever been denied a professional license in any state? ☐ Yes ☐No

c. Have you ever been requested to appear before any professional society or licensing board because of a complaint or charge? ☐Yes ☐No

d. Have you ever had any action against you by the Narcotics Bureau of the Treasury Department, or a Federal, State or local drug enforcement agency or had your DEA permit denied or revoked?
☐Yes ☐No

e. Has your status as a member of the staff of any hospital, clinic or other facility, or the scope of your privileges at any such facility, ever been decreased or terminated, for any reason? ☐Yes ☐No

f. Has a mental or physical impairment lasting more than one month ever interfered with your education or professional duties within the last 10 years? ☐Yes ☐ No

g. Are you now, or have you ever been, dependent upon the use of alcohol, stimulants or other habit-forming drugs? ☐Yes ☐No

h. Have you ever been convicted of a felony in a criminal action? ☐Yes ☐ No

Important: If you answered "Yes" to any of the above questions, please attach a written explanation.

Applicant's affidavit:

I certify that all the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after my appointment.

Signature of Applicant:_____ Date:_____