



Residency or Fellowship Application

1. Position Applied for: Residency _____ Specialty _____
 Fellowship _____
2. Training applied for to begin on _____
 Date _____
3. Name _____ Social Security Number _____
 (Last) (First) (Middle)
4. Present Address _____
5. Permanent Address _____
6. Phone Numbers _____ Hospital or Office _____ Home _____ E-mail: _____
7. Country of Citizenship _____
8. If you are not a citizen of the United States, indicate type of visa.
 a. *Permanent Visa _____ b. J Visa (Exchange Visitor) _____ c. F Visa (Student) _____ d. H-1b _____
 *If permanent visa, please attach a copy of your green card.
9. **Iowa Medical License Number _____
 **Required of physicians engaged in patient care

Education

Institution	Dates Attended		Degree and Field	Date Received
	From	To		
Undergraduate or Graduate	_____	_____	_____	_____
_____	_____	_____	_____	_____
Medical/Dental School	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you certified by the Educational Commission for Foreign Medical Graduates? Yes No N/A

**ECFMG Certificate Number _____ Valid through _____

**Please attach a copy of current certificate from ECFMG.

Internship/Residency/Fellowship	Specialty	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Last Name _____

Previous Research Experience _____

Previous Private Practice

Location _____ from _____ to _____

Location _____ from _____ to _____

Publications (Please submit copies if available. If space below is inadequate, continue on separate blank page.)

Scholarships, Prizes or Awards—Memberships in honorary and/or professional societies _____

Military Experience

Active Duty: In _____ Dates _____
Branch

Highest rank attained _____ Reserve Commission _____

Applicants are requested to have THREE LETTERS OF RECOMMENDATION sent promptly and directly to the clinical department to which application is being made. These letters should come from persons familiar with your recent training and current professional activities.

If an appointment is offered which I accept, I hereby agree and pledge myself as follows: 1. to serve during the entire term to which I may be appointed, and 2. to comply faithfully with the rules and regulations of The University of Iowa Hospitals and Clinics now in effect and those which may be adopted during my term of appointment.

Signed _____ Date _____

The University of Iowa Hospitals and Clinics requests this information for the purpose of processing your application for a position on our house staff. No persons outside the University are routinely provided this information without your consent. Responses to all items are required. If you fail to provide the required information, the University of Iowa Hospitals and Clinics may be unable to process your application.

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, (319) 335-0705 (voice) or (319) 335-0697 (text), The University of Iowa, 202 Jessup Hall, Iowa City, Iowa 52242-1316.

Pursuant to the Campus Security Act, (Pub. L. 101-542), colleges and universities are required to provide information about crime and statistics. Prospective students and employees may review The University of Iowa Campus Security Policy and annual crime statistics by contacting the University's Department of Public Safety at (319) 335-5022 (voice) or (319) 335-5029 (TDD).

People with disabilities are welcome at The University of Iowa where reasonable accommodations will be made upon request.