

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

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. **ECFMG Number _____ Interim _____ Standard _____
**Please attach a copy of current certificate from Educational Commission for Foreign Medical Graduates if you are a graduate of a medical school outside the United States or Canada.

10. *Iowa Medical License Number _____
*Required of physicians engaged in patient care.

11. Education

Institution	Dates Attended		Degree and Field	Date Received
	From	To		
Undergraduate or Graduate				
_____	_____	_____	_____	_____

Medical / Dental School	From	To	Specialty	Date Completed
_____	_____	_____	_____	_____

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

Last Name _____

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12. Previous Research Experience _____

13. Previous Private Practice

Location _____ from _____ to _____

Location _____ from _____ to _____

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

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

16. **Military Experience**

Active Duty: In _____ Dates _____

Branch

Highest rank attained _____ Reserve Commission _____

17. Applicants are requested to have **FOUR LETTERS OF RECOMMENDATION** sent promptly and directly to the clinical department to which application is being made. These letters should come from those persons best qualified to vouch for the character and professional qualifications of the applicant. (One letter must be from the office of the dean of the college of medicine from which applicant was graduated or will graduate.)

18. An unmounted recent photograph of applicant must accompany application or be provided at time of interview.

19. 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 _____