



**University of Virginia Medical Center
APPLICATION FOR GME TRAINING**

I _____ (full, legal name) hereby apply to the University of Virginia Medical Center for residency/fellowship training in the _____ GME Training Program.

APPLICANT PROFILE			
Legal Name:			
Date of Birth:	Place of Birth (city, state/country):	SSN:	
Language Fluency (any other than English):		Proficiency: (circle one) Basic Good Fluent	
Current Address:			
City:	State:	ZIP Code:	
Home Phone Number:	Cell Number:	Work Number:	
E-mail Address:			
Permanent Address:			
City:	State:	ZIP Code:	
Name and Contact Information for Spouse / nearest relative / emergency contact:			
Address:			
City:	State:	ZIP Code:	Phone:

SERVICE OBLIGATIONS				
Are you committed to fulfill:	Yes	No	If yes, Years:	Branch / Program
U.S. Military active duty service obligations / deferments?				
Other service obligations? (ie. Military Reserves or Public Health/State programs)				
Comments / Description:				

EDUCATION BACKGROUND

**A FINAL MEDICAL/DENTAL SCHOOL TRANSCRIPT WILL BE REQUIRED BY THE GME OFFICE PRIOR TO EMPLOYMENT.
IF YOU ARE A FOREIGN MEDICAL SCHOOL GRADUATE, PLEASE ATTACH AN ECFMG CERTIFICATE.**

ENTRY #1:

Institution:

Location:

Education Type: (circle one)

Undergraduate

Graduate

Other

Major:

Degree:

Award Date (MM/DD/YYYY):

Dates Attended (MM/YY-MM/YY):

ENTRY #2:

Institution:

Location:

Education Type: (circle one)

Undergraduate

Graduate

Other

Major:

Degree:

Award Date (MM/DD/YYYY):

Dates Attended (MM/YY-MM/YY):

ENTRY #3:

Institution:

Location:

Education Type: (circle one)

Undergraduate

Graduate

Other

Major:

Degree:

Award Date (MM/DD/YYYY):

Dates Attended (MM/YY-MM/YY):

Were there any gaps in your training or education background? If so please explain.

PROFESSIONAL EXPERIENCE

INTERNSHIP:

Program:

Institution:

City/State:

Completed Program? (Y/N) If no, please explain.

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

RESIDENCY:

Program:

Institution:

City/State:

Completed Program? (Y/N) If no, please explain.

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

RESIDENCY/FELLOWSHIP:

Program:

Institution:

City/State:

Completed Program? (Y/N) If no, please explain.

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

RESIDENCY/FELLOWSHIP :

Program:

Institution:

City/State:

Completed Program? (Y/N) If no, please explain.

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

RESEARCH OR OTHER RELEVANT WORK EXPERIENCE IN PREVIOUS FIVE YEARS

Type	Location	Dates

HONORS/AWARDS

College / Medical School / Other Honors	Award Date

SCIENTIFIC AND PROFESSIONAL ORGANIZATION MEMBERSHIP

Organizations	Date

LICENSURE

Are you currently licensed to practice medicine? (Y/N)

If so, please indicate:	State:	License Number:	Training or Full:

Has your license ever been suspended, revoked, or voluntarily surrendered? Yes No

Have you ever been disciplined in any way by a licensing board? Yes No

If yes, please explain:

CRIMINAL RECORD

Have you ever been convicted of or pled guilty to any crime other than a minor traffic violation? (Y/N)

If yes, please explain:

REFERENCES

Please submit names and addresses of three physicians who are acquainted with your academic and/or professional experience and your personal character.

Name	Address	Phone

HOBBIES/INTERESTS

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WORK ELIGIBILITY

Are you legally eligible to work in the U.S.?

Will you now or in the future require visa sponsorship for employment? If yes, please describe.

List reasons, if any, that would prevent you from performing the duties of a resident/clinical fellow in the training program to which you are applying:

The Medical Center is committed to providing a work environment that is free of harassment, intimidation or retaliation in any form. Insulting words, jokes or actions based on an individual's sex, race, ethnicity, age, religion, sexual orientation, disability or any other legally protected characteristic will not be tolerated. The University of Virginia policy can be found at: <http://www.hr.virginia.edu>.

Information about benefits and a sample GME contract can be found at: <https://med.virginia.edu/gme/applicant-information/>

If I accept appointment as a GME Trainee at the University of Virginia Medical Center, I agree to abide by the rules and regulations of the Medical Center and Service to which I am attached.

I certify that the information provided in this application is true and correct.

Appointment to GME positions are made by the Clinical Staff Office on the recommendation of GME. Appointments cannot exceed a one year period.

SIGNATURE OF APPLICANT:	Date:
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