



THE UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS

Application for Residency/Fellowship 1 2 3 4 5 6 in _____ (Dept.) for _____ (yr.)

Last Name		First Name		Middle Name		Male <input type="checkbox"/>
						Female <input type="checkbox"/>
Birth Date	Birth Place	Citizenship	NRMP No.		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
		Mo.-Yr.	Mo.-Yr.	(M/D/Y rec'd)

USMLE Scores:	Step 1	Step 2	Step 3
National Board Scores:	Part I	Part II	Part III
Honors (Medical School and Postgraduate):			

Most Recent Hospital Affiliation

Teaching Appointments, Fellowships, Residencies, 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 clerkships). Applicants for straight pathology include reference from pathology if appropriate. Orthopaedic surgery applicants include reference from orthopaedic 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 } Enclose copy of exam certificate(s)
FMGEMS Exam: Yes No

Visa Status: Current possession Application in progress
 Exchange visitor Permanent Immigrant
 Refugee Other _____

Return to:

Date: _____

Signature of Applicant: _____

