



Residency or Fellowship Application

Caution: sensitized paper—please extend application to full length while writing or typing.

- 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

Table with 4 columns: Institution, Dates Attended (From, To), Degree and Field, Date Received. Rows for Undergraduate or Graduate and 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.

Table with 3 columns: Internship/Residency/Fellowship, Specialty, Date Completed.

Last Name \_\_\_\_\_ Residency or Fellowship Application (page 2)

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 \_\_\_\_\_ Branch \_\_\_\_\_ Dates \_\_\_\_\_

Highest rank attained \_\_\_\_\_ Reserve Commission \_\_\_\_\_

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.)

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 \_\_\_\_\_

**Distribution:** White and Yellow copies to desired clinical service at The University of Iowa Hospitals and Clinics; Gold copy for applicant's retention.

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.