



**University of California, Irvine**  
**Application for Residency/Fellowship**  
 Department \_\_\_\_\_  
 Specialty \_\_\_\_\_  
 PGY you are applying to 1 2 3 4 5 6 7 starting 20\_\_\_\_\_

- type or print clearly—use only black ink
- ask your Medical School to send the dean's letter of reference
- notify us promptly of any change in your address or e-mail

**General information**

Name _____ School _____ Citizenship _____ Birth place _____ USMLE ID _____ Student ID _____ Social Security _____ Birth date _____ E-mail _____ Phone/s _____	<p><b>Present Mailing Address</b></p> Street _____ City _____ State _____ Zip _____ Country _____ Effective Dates _____
	<p><b>Permanent Mailing Address</b></p> Street _____ City _____ State _____ Zip _____ Country _____ Effective dates _____

Registering for NRMP? _____ NRMP # _____	Military service obligation/deferment? _____ Other service obligation? _____
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Misdemeanor Conviction in the United States? _____ Felony Conviction in the United States? _____ Limitations? _____
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**Examinations**

NBME PART 1 _____ NBME PART II _____ State Bd Exams (FLEX) Date _____	USMLE STEP 1 _____ USMLE STEP 2 _____ USMLE STEP 3 _____
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**Medical licensure**

Current medical licensure _____ Medical license number _____ Medical license suspended? _____ Medical license revoked? _____	Current malpractice case/s pending? _____ License or hospital privileges limitations? _____ Current DEA (BNDD) number _____ Voluntarily terminated? _____
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ACLS: _____	Expiration Date: _____
PALS: _____	Expiration Date: _____
Board Certification: _____	

**Education Commission for Foreign Medical Graduate Certification**

Are you certified by the ECFMG? \_\_\_\_\_ ECFMG certificate number \_\_\_\_\_ VISA type \_\_\_\_\_

**State Medical Licenses**

Type	Number	State	Exp. Date

**Medical Education**

Institution and location	Dates attended	Degree	Date of degree

**Medical School Honors/Awards—(use back if necessary)**


**Membership in Honorary/Professional Societies**


**Graduate Education**

Institution and location	Dates attended	Degree	Date of degree	Field of Study

**Undergraduate Education**

Institution and location	Dates attended	Degree	Date of degree	Field of Study

**Current/Prior Training**

Institution, Location & Training Type	Program Director	Program Supervisor	Dates Attended	Month(s)	Discipline

**Experience**

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk
Description: _____ _____ _____					
Reason for Leaving: _____ _____ _____					
Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk
Description: _____ _____ _____					
Reason for Leaving: _____ _____ _____					
Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk
Description: _____ _____ _____					
Reason for Leaving: _____ _____ _____					
Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Experience	Organization & Location	Position	Dates	Supervisor	Avg. Hrs/Wk

Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Ask three supervisors, professors or teachers to send letters of reference directly to the department to which you are applying. List the names and addresses below. If you had a course or an elective in the specialty to which you are applying, use the supervisor/s of that course as a reference/s.

**Name and address of references**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you wish to be scheduled for an interview? \_\_\_\_ If yes, contact the department to which you are applying.

For information regarding California licensure, contact

**Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815**

I agree to meet the California state licensing requirements prior to entering the program. Failure to comply may result in termination from the program.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**