

Graduate Medical Education Standard Application**Non-ERAS or Specialty-Specific Applicants**

If you are using a Mac, please open in Adobe Acrobat

PROGRAM

Program applying for: _____

Training year applying for: _____ Anticipated Post Graduate Level: _____

PROFILE

First Name: _____ Middle Name: _____

Last Name: _____ Past Name: _____

Suffix: _____ Date of Birth: _____

DEGREE

☐ MD ☐ DO ☐ MBBS ☐ MCChS ☐ MBChB ☐ MD, PhD ☐ PhD

CURRENT CONTACT INFORMATION

Street: _____ Apartment/Suite: _____

City: _____ County: _____

State/Province: _____ Post Code: _____

Country: _____

Home Phone: _____ Mobile Phone: _____

Personal E-mail: _____

NPI NUMBER: _____

Are you authorized to work in the US? ☐ Yes ☐ No

MILITARY SERVICE OBLIGATION/DEFERMENT

Are you committed to fulfill U.S. Military active-duty service obligations/deferments?

☐ No ☐ Yes, commitment: _____

Military Branch: _____

Do you have any other service obligations (i.e., Military Reserves or Public Health/State programs)?

☐ No ☐ Yes, commitment: _____

INTERNATIONAL MEDICAL GRADUATE

Are you certified by the Educational Commission for Foreign Medical Graduates?

☐ No ☐ Yes, mm/dd/yyyy: _____ USMLE/ECFMG ID _____

☐ ECFMG certificate is attached with the application (required).

NON-MEDICAL EDUCATION

For each non-medical educational institution you have attended, provide the requested information. You may create as many entries as needed on an additional page.

☐ None

#1 Institution: _____

Location (City, State, Country): _____

Education Type: _____ Major: _____

Dates of Attendance: From (mm/yy): _____ To (mm/yy): _____

Degree Completed: ☐ Yes ☐ No, if anticipated completion, complete earned and date below:

Degree Earned: _____ Date Earned (mm/dd/yy): _____

#2 Institution: _____

Location (City, State, Country): _____

Education Type: _____ Major: _____

Dates of Attendance: From (mm/yy): _____ To (mm/yy): _____

Degree Completed: ☐ Yes ☐ No, if anticipated completion, complete earned and date below:

Degree Earned: _____ Date Earned (mm/dd/yy): _____

☐ Refer to attachment for additional non-medical education (Reference as 3NM, 4NM, etc.)

MEDICAL EDUCATION

For each medical school you have attended, provide the requested information. You may create as many entries as needed on an additional page.

#1 Institution: _____

Location (City, State, Country): _____

Education Type: _____ Major: _____

Dates of Attendance: From (mm/yy): _____ To (mm/yy): _____

Degree Completed: ☐ Yes ☐ No, if anticipated graduation, complete degree earned and date below:

Degree Earned: _____ Date Earned (mm/dd/yy): _____

#2 Institution: _____

Location (City, State, Country): _____

Education Type: _____ Major: _____

Dates of Attendance: From (mm/yy): _____ To (mm/yy): _____

Degree Completed: ☐ Yes ☐ No, if anticipated graduation, complete degree earned and date below:

Degree Earned: _____ Date Earned (mm/dd/yy): _____

☐ Refer to attachment for additional medical education (Reference as 3ME, 4ME, etc.)

CURRENT/PRIOR MEDICAL EDUCATION TRAINING

For each internship, residency, or fellowship position you have held or currently are in, regardless of the amount of time spent there, provide the requested information. You may create as many entries as needed on an additional page. *(Please list in chronological order)*

#1 Institution: _____

Location (City, State, Country): _____

Program: _____ Specialty: _____

Type of Training: ☐ Internship ☐ Residency ☐ Fellowship

Dates of Training: From (mm/yy): _____ To (mm/yy): _____

Program Director: _____ Program Supervisor: _____

#2 Institution: _____

Location (City, State, Country): _____

Program: _____ Specialty: _____

Type of Training: ☐ Internship ☐ Residency ☐ Fellowship

Dates of Training: From (mm/yy): _____ To (mm/yy): _____

Program Director: _____ Program Supervisor: _____

#3 Institution: _____

Location (City, State, Country): _____

Program: _____ Specialty: _____

Type of Training: ☐ Internship ☐ Residency ☐ Fellowship

Dates of Training: From (mm/yy): _____ To (mm/yy): _____

Program Director: _____ Program Supervisor: _____

☐ Refer to attachment for additional medical education training (Reference as 4ET, 5ET...)

Education/Training Extended or Interrupted

Was your medical education/training extended or interrupted? ☐ No

☐ Yes - Please explain any gaps (of 90 days or more) between your medical education and residency training or during your medical education and/or residency training: _____

BOARDS

Are you Board Certified? ☐ No

☐ Yes Board Name: _____ Expiration: _____

Board Name: _____ Expiration: _____

USMLE or COMLEX Exams

All residents entering training at UW Health must have passed USMLE Steps 1 and 2CK; or COMLEX Levels 1 and 2.

USMLE	COMLEX
Step 1: _____	Level 1: _____
Step 2-CK: _____	Level 2-CE: _____
	Level 2-PE: _____

PGY-2 and above:

- **PGY-2s** who have completed the PGY-1 year *at UW Health* are required to complete USMLE Step 3 or COMLEX Level 3 by December of the PGY-2 year.
- **PGY-2s** who completed the PGY-1 year *elsewhere* are required to complete USMLE Step 3 or COMLEX Level 3 by March 1 of the PGY-2 year.
- **PGY-3 and above:** All residents appointed to a PGY-3 and above must have passed USMLE Step 3 or COMLEX Level 3.

Step 3: _____	Level 3: _____
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EXPERIENCE(S)

For each *non-residency* relevant work, research, and volunteer experience/position you have had, provide the requested information. Include non-residency clinical and teaching experience as work experiences and include all unpaid extra-curricular activities and committees you have served on as volunteer experiences. You may create as many entries as needed on an additional page.

☐ None

#1 Type of Experience: ☐ Work ☐ Research ☐ Volunteer

Organization: _____

Position: _____ Supervisor: _____

Location: _____ Average hours per week: _____

Dates of Experience: From (mm/yy): _____ To (mm/yy): _____

Description: _____

Reason for leaving: _____

#2 Type of Experience: ☐ Work ☐ Research ☐ Volunteer

Organization: _____

Position: _____ Supervisor: _____

Location: _____ Average hours per week: _____

Dates of Experience: From (mm/yy): _____ To (mm/yy): _____

Description: _____

Reason for leaving: _____

☐ Refer to attachment for additional experience (Reference as 3EX, 4EX, etc.)

OTHER

Publications: _____

Language Fluency: _____

Other Awards/Accomplishments: _____

Hobbies & Interests: _____

☐ Refer to attachment for additional experience (Reference as Publications, Language, etc.)

Your identity as an applicant for this program and your application materials may be kept confidential in some limited circumstances. Check the box below if you wish your identity and materials be kept confidential to the extent authorized by law. If you do not indicate your preference to remain confidential your identity and/or application materials may be required to be disclosed under the Wisconsin Public Records Law.

☐ By checking this box, it is my written indication that I wish my identity and materials be kept confidential to the extent authorized by law.