Vanderbilt University Medical Center
And
AFFILIATED INSTITUTIONS
APPLICATION FOR TRAINING
(Residency / Clinical Fellowship)

I hereby apply to the Vanderbilt University Medical Center and Affiliated Institutions for residency/clinical fellow training at the_____PGY year level in the Department of _____.
1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th

Program: _____Preferred Effective Date of Appointment: _____

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.** **APPOINTEES WILL RECEIVE INSTRUCTIONS IN THE APPOINTMENT PACKET.** **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:
	State:	License Number:	Training or Full:
	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:

CLAIMS, SUITS AND/OR SETTLEMENTS
Have you been party to any malpractice liability claims, suits and/or settlements? (Y/N)
If yes, please attach a summary.

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

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 preforming the duties of a resident/clinical fellow in the training program to which you are applying. If any, please explain:

FUTURE PLANS
Describe your program for continued training and/or attach a personal statement.

In compliance with federal law, including the provisions of Title VI of the Civil Rights Act of 1964,Title VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, and the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008 , Vanderbilt University Medical Center does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, veteran status, or genetic information or any other characteristic protected under applicable federal or state law in its administration of policies, programs, or employment. Equally unacceptable within VUMC is the discrimination against individuals on the basis of their sexual orientation, gender identity, or gender consistent with the VUMC's Anti-harassment, Non-discrimination and Anti-retaliation policy. Inquiries or complaints should be directed to Human Resources Attention: Employee Relations; 2525 West End Avenue, Nashville, TN 37203. Telephone: (615) 343-4759; Fax (615) 343-6388; email employeerelations.vumc@vanderbilt.edu.

If I accept the appointment as a House Staff of Vanderbilt University Medical Center, I agree to serve the full term and 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 House Staff is made by the Medical Center on the recommendation of the Chief of Service and is for one year only.

SIGNATURE OF APPLICANT:	**Date:**

Applicant Name: _____

- ___ Application: **please be sure to sign with original signature** (not electronic)
- ___ Letter of Recommendation # 1 (from Residency Training Director)
- ___ Letter of Recommendation # 2 (from an Attending Physician from your training program)
- ___ Letter of Recommendation # 3 (from an Attending Physician from your training program)
- ___ Medical School Transcript
- ___ Current Curriculum Vitae
- ___ USMLE (Step 1, Step 2, Step 3) score report
- ___ One page personal statement