

Vanderbilt University Medical Center

A passport size photo, signed on the back, if not provided at the time of application will be required when coming for an interview.

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

Preferred Effective Date of Appointment: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: _____ SOCIAL SECURITY NO. _____

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PRESENT STATUS: _____
(TITLE) (DEPARTMENT) (INSTITUTION)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(MO) (DAY) (YEAR) (CITY) (STATE/COUNTRY)

CITIZENSHIP: _____

IF NOT U.S. CITIZEN, TYPE OF VISA: _____

NAME AND ADDRESS OF SPOUSE OR NEAREST RELATIVE: _____

LIST ANY REASONS, IF ANY, THAT WOULD PREVENT YOU FROM PERFORMING THE
ESSENTIAL FUNCTIONS OF A HOUSE OFFICER. IF ANY, PLEASE EXPLAIN

LAST

FIRST

MIDDLE

EDUCATIONAL BACKGROUND: Please request the Dean of the Medical School you attended to send a letter and a transcript of your grades.

COLLEGES AND UNIVERSITIES ATTENDED (Include Dates and Degrees):

MEDICAL SCHOOL (Include Dates):

ACADEMIC HONORS (College and Medical School):

PROFESSIONAL EXPERIENCE:

INTERNSHIP (Include Hospital and Location; whether Rotating, Mixed, or Straight; and Dates):

POSTGRADUATE TRAINING OTHER THAN ABOVE (Fellowship, Courses in Basic Science, Summer Research, etc. Include Location, Type of Activity, and Dates):

MEMBERSHIP IN SCIENTIFIC AND PROFESSIONAL ORGANIZATIONS:

HAVE YOU BEEN PARTY TO ANY MALPRACTICE LIABILITY CLAIMS, SUITS, AND/OR SETTLEMENTS?

Yes No (If yes, please attach a summary) _____

LICENSURE: Are you currently licensed to practice medicine? _____ If so, please indicate:

STATE _____ LICENSE NUMBER _____

Has your license ever been suspended, revoked, or voluntarily surrendered? Have you ever been disciplined, in any way, by a licensing board? If so, Please explain: _____

CRIMINAL RECORD: Have you ever been convicted of a crime, other than a minor traffic violation: If so, 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): _____

MILITARY EXPERIENCE:

ACTIVE DUTY IN ARMED FORCES (Include Rank, Branch of Service, and Dates): _____

RESERVE OR NATIONAL GUARD STATUS: _____

ARE YOU OBLIGATED, THROUGH A HEALTH PROFESSIONS LOAN, FOR MILITARY OBLIGATION?

COMMENTS (Please indicate any special experience or qualifications not covered in this form): _____

FUTURE PLANS: (Describe your program for continued training)

"In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University does not discriminate on the basis of race sex, religion, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment. Inquires or complaints should be directed to the Opportunity Development Officer, Baker Building, Box 1809 Station B, Nashville, TN 37235. Telephone (615) 322-4705 (V/TDD); fax (615) 421-6871."

If I accept the appointment on the 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.

SIGNATURE OF APPLICANT: _____ DATE: _____

Appointment to House Staff is made by the Hospital on the recommendation of the Chief of Service and is for one year only.