

Application for Graduate Medical Education

Name: (Last) _____ (First) _____ (Middle) _____

Social Security Number: _____ Email: _____

Address: _____

Telephone Numbers: Home: _____ Cell: _____

Residency/Fellowship Programs: *(Please click in the drop down box to choose the applicable program)*

Level of Training Requested:

PGY-1 PGY-2 PGY-3 PGY-4 PGY-5 PGY-6 PGY-7 PGY-8

Application for Training: **June** **July** **August** **Other**

Undergraduate Education

(List every post-secondary college in which you were ever enrolled.)

Undergraduate College(s) and Location	Date(s) Attended <i>From (Mo/Yr) To (Mo/Yr)</i>	Degree

Medical Education

(List every medical school in which you were ever enrolled, including International Didactic Training.)

Medical School(s) and Location	Date(s) Attended <i>From (Mo/Yr) To (Mo/Yr)</i>	Degree

Graduate Medical Education Training

(List all prior residency/fellowship training which you attended.)

School(s)/Hospital(s) and Location	Date(s) Attended <i>From (Mo/Yr) To (Mo/Yr)</i>	Type of Training <i>(Residency or Rellowship)</i>	PGY

1. **Examination Scores:** (Must provide copy of official results.)

USMLE:	Step I: _____	Step II (CK): _____	Step II (CS): _____	Step III: _____
COMLEX:	Step I: _____	Step II (CE): _____	Step II (PE): _____	Step III: _____
NBPME:	Step I: _____	Step II (CE): _____	Step II (CS): _____	Step III: _____

2. **Licensure:** _____
State License Number Type Expiration Date

3. **ECFMG:** (Must provide a copy of ECFMG certificate.)

4. **Visa Information:** (H1-B not accepted) J-1 or EAD: _____ Expiration Date: _____

5. **Citizenship:** (Must provide a copy of passport or birth certificate)

6. **Please Answer the Following Questions:**

- | | | |
|---|-----|-----|
| A. Have you ever been denied a license to practice medicine or eligibility to sit for an exam in this state or any other state? | No | Yes |
| B. Have you ever been denied eligibility to participate in a graduate medical education program in this state or any other state? | No | Yes |
| C. Have you ever been asked to resign, or have you ever been discharged/terminated from a graduate medical education program? | No | Yes |
| D. Do you currently have pending misdemeanor or felony charges pending in this state or any other state? | No | Yes |
| E. Are you now or have you ever been the subject of a criminal proceeding in this state or any other state? | No | Yes |
| F. Have you ever had your privilege to participate in any state or federal medical assistance program (i.e. Medicare, Medicaid) curtailed or limited by any regulatory authority? | No | Yes |
| G. Are you able to carry out the responsibilities of a resident/fellow in the specialty of application, including the functional, cognitive, interpersonal, communication and attendance requirements with or without reasonable accommodations? | Yes | No |

(If you answered yes to any of the above questions, please attach a written detailed explanation.)

7. **Letters of Recommendation:** Three letters of recommendation are required. PGY-1 must include one letter from the Dean and two others. PGY-2 and higher must provide a letter from the program director and two others. Contact your program coordinator for any additional required documents.

8. **Transcripts/Diplomas:** Must provide official medical school transcript conferring date degree awarded and notarized copy of medical school diploma. Copy of Certificate of completion for all residency programs

9. **Curriculum Vitae:** Submit a CV to include a list of all activities chronologically, with the month and year of the start of medical education to the present. Include all periods of unemployment and/or gaps in training greater than 30 days.

I understand that the information on this application is subject to verification by Cooper University Health Care (CUHC). I hereby authorize CUHC to do so and I further authorize all institutions, individuals, hospitals, or organizations to release any information requested.

I hereby release from liability and damages those institutions, individuals, hospitals, and organizations who provide such information. I certify that all information provided herein is true and correct. Falsification, misrepresentation, or omissions from this application will be cause for immediate termination.

Signature of Applicant: _____ Date: _____

Upload completed application, education documents, and letters of recommendation etc. in New Innovations:
Additional assistance should be directed to the Program Administrator of the department in which training is requested

