

Vanderbilt University Medical Center

And

AFFILIATED INSTITUTIONS

APPLICATION FOR TRAINING (Residency / Clinical Fellowship)

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

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

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)

CITIZENSHIP: _____

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

NAME AND ADDRESS OF SPOUSE OR NEAREST RELATIVE: _____

LIST 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):

RESIDENCY (Include Hospital and Location, Specialty and Dates):

POSTGRADUATE TRAINING OTHER THAN ABOVE (Fellowships, Courses in Basic Science, Summer Research, etc.

Include Location, Type of Activity, and Dates): _____

MEMBERSHIP IN SCIENTIFIC AND PROFESSIONAL ORGANIZATIONS: _____

HAVE YOU BEEN A 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)

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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.