

UNIVERSAL APPLICATION

FOR

RESIDENCY

The *Universal Application for Residency* was developed by the Association of American Medical Colleges (AAMC) in collaboration with hundreds of residency program directors. It is designed to provide information generally required for consideration by program directors and to facilitate the residency application process. All programs are urged to accept this application in lieu of requiring the submission of a unique form and many programs have adopted this form as the application for their program. Applicants are encouraged to submit copies to all programs in which they would like to be considered.

**Developed
by the**

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

**Distributed
by the**

**NATIONAL RESIDENT MATCHING PROGRAM
2501 M Street, NW, Suite 1
Washington, DC 20037-1307**

UNIVERSAL APPLICATION FOR RESIDENCY

PAGE ONE

POSITION BEGINNING IN _____ <small>(Year)</small>				NAME: (LAST) (FIRST) (MIDDLE)
1. NAME	<small>(LAST)</small>	<small>(FIRST)</small>	<small>(MIDDLE)</small>	
2. SOCIAL SECURITY NUMBER				
3. I AM APPLYING TO THE FOLLOWING GRADUATE PROGRAM: PROGRAM DESCRIPTION				
4. <small>(NAME OF HOSPITAL)</small>	5. CITY	STATE	ZIP	
MEDICAL EDUCATION				
6. MEDICAL SCHOOL(S) <small>(NAME)</small>				
<small>(CITY)</small> <small>(STATE/COUNTRY)</small>				
7. MONTH/YEAR OF MATRICULATION AT MEDICAL SCHOOL		8. MONTH/YEAR OF (ANTICIPATED) GRADUATION		
9. ELECTIVES COMPLETED/PLANNED (PLACE A "P" AFTER PLANNED SENIOR ELECTIVES)				
10. HONORS/AWARDS				
GRADUATE EDUCATION				
11.				
GRADUATE SCHOOL(S)	DATES ATTENDED FROM TO <small>(MO/YR) (MO/YR)</small>	GRADUATE DEGREE <small>(IF ANY)</small>	AREA OF STUDY	
A. NAME				
CITY		STATE		
B. NAME				
CITY		STATE		
UNDERGRADUATE EDUCATION				
12.				
UNDERGRADUATE COLLEGE(S)	DATES ATTENDED FROM TO <small>(MO/YR) (MO/YR)</small>	DEGREE <small>(IF ANY)</small>	MAJOR	
A. NAME				
CITY		STATE		
B. NAME				
CITY		STATE		
C. NAME				
CITY		STATE		

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13. PERSONAL STATEMENT (SEE INSTRUCTIONS, USE ADDITIONAL SHEET, IF NECESSARY).

14. SERVICE OBLIGATIONS (NATIONAL HEALTH SERVICE CORPS, ARMED FORCES SCHOLARSHIP, STATE PROGRAMS, ETC.)

I AM NOT REQUIRED TO FULFILL ANY SERVICE OBLIGATIONS

I AM COMMITTED TO FULFILL A SERVICE OBLIGATION BEGINNING _____ (MO./YR.)

NUMBER OF YEARS COMMITTED

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15. NAME (LAST) (FIRST) (MIDDLE)			ATTACH RECENT PHOTOGRAPH OPTIONAL (SEE INSTRUCTIONS)
16. SOCIAL SECURITY NUMBER	17. ECFMG Registration (if applicable)		
18. SHALL PARTICIPATE IN NRMP MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO	19. NRMP CODE (enter "pending" if unknown)		
20. PRESENT ADDRESS (STREET)			
(CITY) (STATE) (ZIP)			
PRESENT PHONE NOS. DAY () EVENING ()			
21. NUMBER OF DEPENDENTS	22. VISA STATUS (IF APPLICABLE) <input type="checkbox"/> PERMANENT <input type="checkbox"/> J-1 <input type="checkbox"/> TEMPORARY - SPECIFY: <input type="checkbox"/> H-1		
23. CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER			
24. PERMANENT ADDRESS: C/O (NAME OF PERSON THROUGH WHOM I CAN ALWAYS BE CONTACTED) (STREET)			
(CITY) (STATE) (ZIP)			PERMANENT PHONE NO. ()

I plan to take the examinations checked below before I begin the Graduate Medical Education program for which I am now applying:

25. USMLE, STEP I USMLE, STEP II USMLE, STEP III

I have already passed the examinations checked below on the dates indicated:

26. NBME, PART I: _____ (DATE) NBME, PART II: _____ (DATE) NBME, PART III: _____ (DATE)

USMLE, STEP I: _____ (DATE) USMLE, STEP II: _____ (DATE) USMLE, STEP III: _____ (DATE)

FLEX: _____ (DATE) _____ (STATE(s) of licensure)

LIST ANY ADDITIONAL EXAMINATIONS PASSED (FMGEMS, DAY 1; FMGEMS, DAY 2; VQE, DAY 1; VQE, DAY 2; ECFMG MEDICAL SCIENCE EXAM):

INTERVIEW SCHEDULING

27. THE FOLLOWING GENERAL TIME PERIOD IS MOST CONVENIENT FOR ME: FROM: _____ TO: _____

I AM ABLE TO SCHEDULE AN INTERVIEW ON THE FOLLOWING SPECIFIC DATE(S):
_____ (DATE) _____ (DATE) _____ (DATE) _____ (DATE)

I AM NOT ABLE TO COME FOR AN INTERVIEW

I have read and I understand the instructions for the completion of this application. I certify that the information submitted on these application materials is complete and correct to the best of my knowledge. I understand that any false or missing information may disqualify me for this position.

28. SIGNATURE OF APPLICANT: _____ DATE: _____

NOTE: THE SIGNATURE AND DATE ON EACH APPLICATION MUST BE ORIGINAL.

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LETTERS OF REFERENCE, IN ADDITION TO THE DEAN'S LETTER, HAVE BEEN REQUESTED FROM THE FOLLOWING INDIVIDUALS.

29. A. NAME AND TITLE

INSTITUTION

ADDRESS

B. NAME AND TITLE

INSTITUTION

ADDRESS

C. NAME AND TITLE

INSTITUTION

ADDRESS

D. NAME AND TITLE

INSTITUTION

ADDRESS

30. (CHECK ONE) I HEREBY WAIVE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.
 I DESIRE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.

SIGNATURE

DATE

NAME OF APPLICANT - TYPE OR PRINT

NOTE: THE SIGNATURE AND DATE ON THIS STATEMENT MUST BE ORIGINAL.