



UWHC Graduate Medical Education Application (for non-ERAS applicants)

All required fields are marked with an asterisk (*). Please note, however, that some of these fields are required only in certain circumstances. For example, if you state that you did earn or expect to receive a degree from an institution, you will be required to enter what that degree is.

Program applying for: _____ **Training Year Applying for:** _____
Anticipated Post Graduate Level: _____

Profile

First Name: _____ **Middle Name:** _____ **Last Name:** _____ **Suffix:** _____
Previous Last Name: _____

Degree: MD MD, PhD DO MBBS MBChS MBChB

Current Address:

Street Address: _____
City: _____ **State/Province:** _____ **Post Code:** _____ **Country:** _____
Preferred Phone: _____ **Alternate Phone:** _____ **Mobile:** _____
Pager: _____ **Fax:** _____ **Contact Email:** _____

Permanent Mailing Address:

Street Address: _____
City : _____ **State/Province:** _____ **Post Code:** _____
Country: _____ **Phone:** _____

NPI Number _____

Military

Are you committed to fulfill U.S. Military active duty service obligations/deferments? *

Yes No

If Yes: **Years:** _____ **Branch:** _____

Do you have any other service obligations? (i.e., Military Reserves or Public Health/State programs) *

Yes No

Description (up to 255 characters) _____

Citizenship

- US citizenship
- Permanent legal residency status in the US (green card)
- U.S. Citizen
- EAD (Employee Authorization Document)
- Eligible to hold a J-1 Clinical Visa sponsored by ECFMG.
 - a. Canadian Citizen
- Visa Change of Status - J-1 “research scholar” to J-1 “alien physician”

Note: H-1B visa (temporary professional worker)

As an employer, UWHCA does not sponsor an H-1B visa for graduate medical education training.

International Medical Graduates:

Are you certified by the Educational Commission for Foreign Medical Graduates?
(Attach a copy of the ECFMG certificate).

No Yes Month: _____ Year: _____

USMLE/ECFMG ID: _____

ECFMG certificate is attached with the application. *



Non-Medical Education

For each non-medical educational institution you have attended, please provide the requested information. You may create as many entries as needed on an additional page.

None

#1

Institution: _____ Location: _____
Education Type: * (-----) Major: _____ Degree expected or earned: * Yes No
Degree: _____ Degree Month: _____ Degree Year: _____
Dates of Attendance: From: _____ To: _____
Month/year Month/year

#2

Institution: _____ Location: _____
Education Type: * (-----) Major: _____ Degree expected or earned: * Yes No
Degree: _____ Degree Month: _____ Degree Year: _____
Dates of Attendance: From: _____ To: _____
Month/year Month/year

Refer to attachment for additional information. (Reference as 2-a, 2-b)

Medical Education

For each medical school you have attended, please provide the requested information. You may create as many entries as needed on an additional page.

Please note: All time after medical school must be accounted for.

#1

Country: _____ Institution: _____
Clinical Campus: _____ * only available for select US Medical Schools
Degree expected or earned: * Yes No
Degree: _____ Degree Month: _____ Degree Year: _____
Dates of Attendance: From: _____ To: _____
Month/year Month/year

#2

Country: _____ Institution: _____
Clinical Campus: _____ * only available for select US Medical Schools
Degree expected or earned: * Yes No
Degree: _____ Degree Month: _____ Degree Year: _____
Dates of Attendance: From: _____ To: _____
Month/year Month/year

Refer to attachment for additional information. (Reference as 3-a)

Previous Training

For each internship, residency, or fellowship position you have held or currently are in, regardless of the amount of time spent there, please provide the requested information. You may create as many entries as needed on an additional page.

None

#1

Specialty: _____

Type of Training: Internship Residency Fellowship

Dates of Residency/Fellowship: From: _____ To: _____
Month/year Month/year

Institution/Program: _____

City: _____ State/Province: _____ Country: _____ Years: _____

Program Director: _____ Supervisor: _____

#2

Specialty: _____

Type of Training: Internship Residency Fellowship

Dates of Residency/Fellowship: From: _____ To: _____
Month/year Month/year

Institution/Program: _____

City: _____ State/Province: _____ Country: _____ Years: _____

Program Director: _____ Supervisor: _____

#3

Specialty: _____

Type of Training: Internship Residency Fellowship Chief Resident

Dates of Residency/Fellowship: From: _____ To: _____
Month/year Month/year

Institution/Program: _____

City: _____ State/Province: _____ Country: _____ Years: _____

Program Director: _____ Supervisor: _____

Was your medical education/training extended or interrupted? Please explain any gaps of three or more months during your medical education and / or residency training? *

No _____ No Response _____

Yes - Reason (up to 510 characters) _____

Refer to attachment for additional information. (Reference as 3-b)

Boards

Are you Board Certified?

No

Yes Board Name _____ Expiration _____

1. _____

2. _____

Examinations

For each examination you have taken, please provide the requested information. This worksheet has space for you to make 4 entries. (Osteopathic applicants: include the exams (COMLEX or USMLE) that lead to the medical licensure route you intend to pursue).

None

Exam #1: 1st attempt 2nd attempt
Title: (-----) Status: (-----) _____
(Month/Year)

Exam #2: 1st attempt 2nd attempt
Title: (-----) Status: (-----) _____
(Month/Year)

Exam #3: 1st attempt 2nd attempt
Title: (-----) Status: (-----) _____
(Month/Year)

Exam #4: 1st attempt 2nd attempt
Title: (-----) Status: (-----) _____
(Month/Year)

Experience(s)

For each non-residency relevant work, research, and volunteer experience/position you have had, please provide the requested information. Include non-residency clinical and teaching experience as work experiences, and include all unpaid extra-curricular activities and committees you have served on as volunteer experiences. This application has space for you to make two entries. You may create as many entries as needed on an additional page.

None

#1

Type: Work Research Volunteer

Organization: _____ Position: _____ Supervisor: _____

Average Hours Per Week: _____ Dates of Experience: From: _____ To: _____
(Month/Year) (Month/Year)

Description (up to 1020 characters) _____

Reason for leaving (up to 510 characters) _____

#2

Type: Work Research Volunteer

Organization: _____ Position: _____ Supervisor: _____

Average Hours Per Week: _____ Dates of Experience: From: _____ To: _____
(Month/Year) (Month/Year)

Description (up to 1020 characters) _____

Reason for leaving (up to 510 characters) _____

Description (up to 1020 characters) _____

Reason for leaving (up to 510 characters) _____

Refer to attachment for additional information. (Reference as 4-a)

Appendix A: **Personal / Demographic Information**

*****This information will not be available to decision-makers prior to a position being offered through a match or non-match process.***

Applicant Name: _____

Program Name: _____

Social Security Number: SSN: _____

Marital Status: Married Single

Gender: Female Male

Birth Birth Date: _____ Birth City: _____
Birth State: _____ Birth Country: _____

Racial and Ethnic Group:

This section allows entries for race self-identification. You may select one or more races. You are not required to identify your race. If you choose not to, please select "No Answer." Specify "other" if your race is not listed. You may create as many entries as needed.

- Black (not of Hispanic Origin):** All persons having origins from any of the black racial groups.
- Asian or Pacific Islanders:** All persons having origins from any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, and India.
- American Indian or Alaskan Native:** All persons having origins of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic:** All persons from Mexican, Puerto Rican, Cuban, Central or South American, Iberian Peninsula, or other Spanish culture or Origin, regardless of race.
- White (not of Hispanic Origin):** All persons having origins from any of the original peoples of Europe, North Africa, and the Middle East.
- Unknown**
- Other:** _____

Appendix B: **Conviction, and Accommodations**

This sheet will be removed before decision makers decide who to interview. Information below may be discussed during the interview. Information on this page is necessary only after the applicant has been offered an interview.

Applicant Name: _____

Program Name: _____

Felony Question

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

*** Section 111.321, Wis. Stats., generally prohibits employment discrimination on the basis of arrest or conviction record. An employer may only refuse to hire a qualified applicant because of a conviction record for an offense that is substantially related to the circumstances of a particular job. The legislature has determined that certain convictions are substantially related to employment in child and adult care giving programs regulated by the Department of Health and Family Services.*

Work Eligibility:

Are you able to carry out the responsibilities of a resident in the specialties and at the specific training programs to which you are applying including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations? *

Yes

No – Pleased describe limiting aspects. _____