

PSYCHIATRY POST-GRADUATE TRAINING PROGRAM APPLICATION

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EXAMINATIONS:

USMLE Step 1: _____
Status Date

USMLE Step 2 CK: _____
(Clinical Knowledge) Status Date

USMLE Step 2 CS: _____
(Clinical Skills) Status Date

USMLE Step 3: _____
Status Date

OTHER: _____
Status Date

MEDICAL LICENSURE:

Type: _____ Number: _____ State: _____ Exp. Date: _____

DEA Reg. #: _____ Exp. Date: _____

ACLS: _____ Exp. Date: _____

Board Certification: _____ Type: _____

Medical Licensure Problem? _____ Reason: _____

Ever Named in a Malpractice Suit? _____ Reason: _____

EDUCATION:

Medical Education:

Institution & Location

Dates Attended

Degree

Date of Degree

Medical Education/Training Extended or Interrupted? _____

Reason

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Graduate Education:

Institution & Location

Dates Attended

Degree

Date of Degree

Field of Study

Undergraduate Education:

Institution & Location

Dates Attended

Degree

Date of Degree

Field of Study

Residencies/Fellowships:

Institution & Location

Program Director

Dates

Years

Specialty

Reason for Leaving: _____

Work Experience:

Organization

Position

Dates

Description:

Organization

Position

Dates

Description:

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Military Obligation/Deferment? _____ **Years:** _____ **Branch:** _____

Other Service Obligation? _____ **Description:** _____

Felony Conviction? _____ **Reason:** _____

Please include with application:

1. Three letters of reference.
2. Personal Statement
3. USMLE Step 1, 2 CK and 2 CS (proof of completion required)

(In addition to above, Fellows are required to have also passed USMLE Step 3)

I certify that the information contained within my application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a residency position. If admitted to the Program, I hereby agree to abide by the policies, rules, and regulations of the University of South Florida College of Medicine.

Signed: _____

Date: _____