



Application Form

In place of this application, a previous ERAS application may be submitted.

Attachments that must accompany this application:

- *Curriculum Vitae*
- 3 Letters of Recommendation to include from current Program Director if currently in a training program
- Step Scores - All USMLE and/or COMLEX score reports or transcripts to include any failed attempts (copies are fine; official collected during onboarding)
- MSPE if available
- Medical school transcript (unofficial)
- ECFMG certificate (if applicable)
- Interview Attestation (<https://health.usf.edu/-/media/Files/Medicine/GME/Employment-Acknowledgment-032724.ashx>)
- Background Attestation (<https://health.usf.edu/-/media/Files/Medicine/GME/forms-templates/202001Candidate-Pre-Screening-Form.ashx>)

Personal Information

Last Name _____ Suffix _____

First Name _____ Middle Name _____

Preferred Name _____

Medical Degree (MD, DO, Other) _____ Other Earned Advanced Degrees _____

Program Applying To _____

Anticipated Start Date _____

Contact Information

Current Mailing Address

Address 1 _____

Address 2 _____

City _____ State _____ Postal Code _____

Country _____

Contact Phone _____

Contact Email _____

Permanent Address (if different from current mailing address)

Address 1 _____

Address 2 _____

City _____ State _____ Postal Code _____

Country _____

Work Authorization

If accepted into the program, will you be legally authorized to work in the United States on the date the program begins? Yes No

Will you require visa sponsorship now or in the future in order to be legally authorized to work in the United States (e.g. J-1 visa or H-1B visa)? Yes No

If yes, please explain: _____

Eligibility for ECFMG J-1 visa sponsorship is not to be presumed. For details on ECFMG J-1 requirements and restrictions, please refer to the ECFMG website.

<https://www.ecfm.org/evsp/about.html>

In addition, USF does not have Non-Standard Training (NST) recognition; therefore, USF is unable to sponsor J-1 visas in non-ACGME accredited programs.

Are you able to carry out the responsibilities of a resident or fellow in the specialty and at the specific training program to which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements with or without reasonable accommodations? Yes No

<https://www.usf.edu/hr/employment-resources/important-resources/ada-accommodations.aspx>

If no, please provide any additional information you deem necessary to understand your response.

Education and Previous Training

Medical School

Name of Institution _____

Location _____

Start Date _____ End Date _____

Degree earned _____

Previous Residency and Fellowship Training

Entry 1

Name of Institution _____

Name of Program _____

Start Date _____ End Date _____

ACGME-Accredited ___ Yes ___ No

Name of Program Director _____

Did you successfully complete? ___ Yes ___ No

If no, reason for leaving: _____

Entry 2

Name of Institution _____

Name of Program _____

Start Date _____ End Date _____

ACGME-Accredited ___ Yes ___ No

Name of Program Director _____

Did you successfully complete? ___ Yes ___ No

If no, reason for leaving: _____

Entry 3

Name of Institution _____

Name of Program _____

Start Date _____ End Date _____

ACGME-Accredited ___ Yes ___ No

Name of Program Director _____

Did you successfully complete? ___ Yes ___ No

If no, reason for leaving: _____

Was your medical education/training extended or interrupted? ___ Yes ___ No

If yes, please explain: _____

Were you ever placed on probation, suspended, terminated, or had your contract non-renewed?

___ Yes ___ No

If yes, please explain: _____

Have you received a Match violation from NRMP, or are you presently obligated to another program for which you do not have a waiver? ___ Yes ___ No

If yes, please explain: _____

Are you Board Certified? ___ Yes ___ No

If yes, please list: _____

Please list the licenses your currently hold (include state, type, and expiration date)

Work and Other Experience (if not included on Curriculum Vitae)

Please include your additional experience. Include all clinical and teaching experience and any unpaid extracurricular activities and committees you have served on as a volunteer experience. *(Please attach additional sheet if needed.)*

Entry 1

Experience Type _____

Organization _____

Position Held _____

City/State/Country _____

Start Date _____

End Date _____

Reason for leaving _____

Entry 2

Experience Type _____

Organization _____

Position Held _____

City/State/Country _____

Start Date _____

End Date _____

Reason for leaving _____

Entry 3

Experience Type _____

Organization _____

Position Held _____

City/State/Country _____

Start Date _____

End Date _____

Reason for leaving _____

Publications (if not included on Curriculum Vitae)

Please attach a list of all publications, abstracts, book chapters, poster presentations, and oral presentations.

Other Information (Optional)

Are you fluent in any languages other than English? _____

Hobbies/Interests _____

Membership in Honorary/Professional Societies _____

Awards and Recognitions _____

I certify that the information contained within this application and included application materials (e.g. CV) are complete and accurate to the best of my knowledge. I understand that any omission or inaccurate information may disqualify me from consideration for a position; may result in an investigation by the USF GME Office; or if employed, may constitute cause for termination from the program. In addition, I consent to the transfer of my personal data to the USF Morsani College of Medicine GME Office.

Signature _____

Print Name _____

Date _____