



## 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/forms-templates/Employment-Acknowledgment-091523.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.

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## 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 \_\_\_\_\_