



APPLICATION FOR INTERNSHIP/FIRST YEAR RESIDENCY OR RESIDENCY POSITION

NAME (Last, First, Middle)				PREVIOUS NAMES (unmarried, previous married)													
SOCIAL SECURITY NUMBER (optional)			DEPARTMENT OF INTERNSHIP/FIRST YEAR RESIDENCY REQUESTED														
RESIDENCY SPECIALTY				APPOINTMENT LEVEL (first year, etc.)		EFFECTIVE DATE											
PRESENT MAILING ADDRESS (Number, Street, City, State, ZIP)						TELEPHONE											
PERMANENT MAILING ADDRESS						TELEPHONE											
SEX	BIRTHDATE (optional)	BIRTH PLACE	CITIZENSHIP	MARITAL STATUS		# DEPENDENTS											
				S	M	W	D										
ETHNIC IDENTITY (optional) What is your racial/ethnic self description? (check one only) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> 1. Black</td> <td><input type="checkbox"/> 5. Hispanic</td> </tr> <tr> <td><input type="checkbox"/> 2. American Indian or Alaskan Native</td> <td><input type="checkbox"/> a. Mexican American or Chicano</td> </tr> <tr> <td><input type="checkbox"/> 3. White</td> <td><input type="checkbox"/> b. Puerto Rican (Mainland)</td> </tr> <tr> <td><input type="checkbox"/> 4. Asian or Pacific Islander</td> <td><input type="checkbox"/> c. Puerto Rican (Commonwealth)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> d. Other Hispanic</td> </tr> </table>								<input type="checkbox"/> 1. Black	<input type="checkbox"/> 5. Hispanic	<input type="checkbox"/> 2. American Indian or Alaskan Native	<input type="checkbox"/> a. Mexican American or Chicano	<input type="checkbox"/> 3. White	<input type="checkbox"/> b. Puerto Rican (Mainland)	<input type="checkbox"/> 4. Asian or Pacific Islander	<input type="checkbox"/> c. Puerto Rican (Commonwealth)		<input type="checkbox"/> d. Other Hispanic
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TYPE	SCHOOL/HOSPITAL	ADDRESS	DATES ATTENDED		DEGREE/TYPE/ SPECIALTY												
			FROM	TO													
Pre Med																	
Medical																	
Graduate																	
Internship																	
Residency																	
Clinical Fellowship																	
OTHER PROFESSIONAL AND SCIENTIFIC EXPERIENCE, WITH DATES (research fellowships, practice, etc.)																	
PROFESSIONAL ACHIEVEMENTS (honors and awards, professional and scientific societies, publications)																	
CAREER PLANS																	
LICENSURE If you are a graduate of a US or Canadian medical school you may train unlicensed for a period not to exceed one year at UCSD Medical Center as an Intern/PMD I. You will be a duly registered graduate student of the University of California and will be registered with the Board of Medical Quality Assurance. In addition, you may train for a period of one year, unlicensed, as a Resident physician (PMD II-VI levels), at UCSD Medical Center, however you must be eligible and apply for licensure during the one year period and be fully licensed in California prior to commencing your second year of Residency training. You will be a duly registered graduate student and will be registered with the Board of Medical Quality Assurance. Graduates of foreign medical schools should direct questions regarding licensure to the department in which they are interested in training at UCSD Medical Center.																	
LICENSURE	STATE	NUMBER	DATE ISSUED	STATE	NUMBER	DATE ISSUED											

Are you able to perform the duties of the residency/fellowship to which you are applying, with or without reasonable accommodation, according to accepted standards of professional performance without posing a direct threat to patients? Yes No.
 If you will require reasonable accommodation please use a separate sheet to describe the accommodation(s) which will enable you to participate in the training program.

MILITARY SERVICE	BRANCH	SPECIALTY	RANK	DATES OF SERVICE
	RESERVES?	NATIONAL GUARD?		

PROFESSIONAL REFERENCES - Please ask three individuals to send letters of reference directly to the Chairperson of the department to which you are applying.

NAME	TITLE	ADDRESS

Have you signed an agreement with the National Resident Matching Program?

Intern/1st Year Resident: Will you be available for appointment the last week of June?

Resident: Will you be available for appointment July 1st?

ADDITIONAL INFORMATION/COMMENTS

SIGNATURE	DATE
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THE UNIVERSITY OF CALIFORNIA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

INSTRUCTIONS:

1. Mail this application for either Internship/First Year Residency or Residency to:

2. Complete the top section of the Dean's Report on Internship and Residency Applicant (form # D219) and forward it to the Dean of your Medical School.

3. Resident Applicants:
 Complete the top section of the Report of Performance During Internship or Residency (form # D117) and forward it to the medical director or department chairperson at the institution where you are serving or have served an internship or residency.

4. Append a brief biographical sketch and appraisal of your career goals.

5. Make sure that letters of reference are sent directly to the Chairperson of the department to which you are applying. That name and address should appear under instruction #1 above.

Photograph
(3" x 3")

(NOT MANDATORY)