Common Application for Nicklaus Children's Hospital Training Programs

Application for Academic Year 20_____- 20_____

Application for the following Training Program: _____

PERSONAL DATA:

Name (First, Middle, Last):	
Current Mailing Address:	
Permanent Mailing Address:	
Telephone Numbers:	**Home:**
	Cell:
Email Address:	
Social Security Number:	
Date of Birth:	
Place of Birth:	
Citizenship:	☐ U.S. Citizen ☐ Permanent Resident ☐ J-1 Visa ☐ Other _____

EDUCATION:

Degrees	**School**	**Degree & Date Completed**
Undergraduate:		
Medical School:		
Other:		

POST GRADUATE TRAINING:

Title	**Institution**	**Date Completed**
PGY 1		
PGY 2		
PGY 3		
Other		

USMLE/COMLEX Scores:	USMLE Step 1 / COMLEX Level 1:
(type in score)	USMLE Step 2 CK/ COMLEX Level 2 CE:
	USMLE Step 2 CS/ COMLEX Level 2 PE:
	USMLE Step 3/ COMLEX Level 3:
ECGMG Certification (IMG):	☐ N/A ☐ No ☐ Yes If yes, date of certification:

Medical Licensure:	State:	Number:
	Type:	Expiration:

Awards, Honors, and Academic Achievements:

Professional Societies and Committee Memberships:

Research and Other Scholarly Activities:

Advocacy, Volunteer and Extracurricular Activities:

Other Work Experience:

Licensure Background Information:
Was your medical education/training extended or interrupted? ☐ No ☐ Yes (if yes, please submit an explanation)
Has your medical license ever been suspended/revoked/voluntarily terminated? ☐ N/A ☐ No ☐ Yes (if yes, please submit an explanation)
Have you ever been named in a malpractice suit? ☐ No ☐ Yes (if yes, please submit an explanation)
Have you ever been convicted of a misdemeanor? ☐ No ☐ Yes (if yes, please submit an explanation)
Have you ever been convicted of a felony? ☐ No ☐ Yes (if yes, please submit an explanation)

PROFESSIONAL REFERENCES: (List Three)

(1) Name:
Address:
Phone:
Email:
(2) Name:
Address:
Phone:
Email:
(3) Name:
Address:
Phone:
Email:

CHECKLIST FOR COMPLETION OF APPLICATION:

Please complete the application electronically. Print, sign and send the application to the attention of the program director with the below documents attached:

- ☐ Completed and signed application (including a 2x2 photo)
- ☐ Curriculum Vitae (please include months and years)
- ☐ Personal Statement (one page)
- ☐ Medical School Diploma
- ☐ Medical School Transcripts (unofficial or copies is allowable)
- ☐ Letter of Support from Current Training Program Director
- ☐ USMLE/COMLEX Transcript
- ☐ Three (3) letters of recommendation (In addition to the letter from current training program director) – To be sent via email by the letter writer directly to the NCH Program Director

ATTESTATION:

I certify that the information contained in this 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 position or may be grounds for termination from the program if employed. I also understand and agree that the information included in this application may be shared with members of the program's Selection Committee.

_____ _____

Signature of Applicant Date

Please submit the completed application and supporting documents to the Program Coordinator listed on the individual program website.