
University of Utah Addiction Psychiatry Fellowship Program Application Worksheet

PERSONAL INFORMATION

Last Name First Name Middle Initial Date of Birth

Street City State Zip

Phone # e-mail address

Country of Citizenship Birthplace

PROFESSIONAL EDUCATION

List the school's full name, complete address, dates of attendance, and date of graduation. Include degree completed.

Undergraduate College/University _____

Medical School _____

Residency _____

PROFESSIONAL TRAINING AND EXPERIENCE

Dates (From - To)	Name and <u>Complete Address</u> of Institution/Organization/Place	Training or Nature of Experience or Specialty
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO BE COMPLETED BY INTERNATIONAL MEDICAL GRADUATES AND NON-US CITIZENS ONLY

Medical School: Country/Complete name/Complete address _____

Year Graduated _____ Date of US Training _____

Have you been certified by an American Specialty Board? Yes _____ No _____

If yes, explain and give dates _____

ECFMG Certificate # _____ Date certified _____

Is your visa a J-1 visa? _____ Visa # _____

(A J-1 visa is the only visa accepted by the University of Utah Affiliated Hospitals for residency training.)

Other: Permanent Resident _____ Green Card Holder _____ US Citizen _____ Other _____

REFERENCES

Name _____ Title _____

Address _____ Phone _____

Name _____ Title _____

Address _____ Phone _____

Name _____ Title _____

Address _____ Phone _____

PERSONAL STATEMENT

Please include your personal statement on a single enclosed sheet and CV.

Signature _____ Date _____

Please PRINT Name _____

AGREEMENT

I hereby apply for appointment to be a houseofficer at the University of Utah Affiliated Hospitals. I recognize my responsibility to ensure that this application is accurate and complete. I agree that any significant misrepresentation, misstatement, or omission from this application, intentional or not, may be the cause for rejection or denial of this application and release from my houseofficer agreement.

Signature _____ Date _____

Please Print Name _____