SUNY DOWNSTATE Medical Center

- Kings County Hospital Center
- Coney Island Hospital
- Veterans Affairs Medical Center @ Brooklyn
- St. John's Episcopal – South Shore
- University Hospital of Brooklyn
- Long Island College Hospital
- Maimonides Medical Center
- Brookdale Hospital Medical Center
- VA Medical Center
- Staten Island University
- Kingsboro Psychiatric Hospital
- Long Island Jewish Med Ctr,

Application for Residency

POSITION APPLIED

SERVICE APPLIED TO	PROGRAM DIRECTOR

a. RESIDENCY: in the 1st 2nd 3rd 4th 5th 6th 7th year of graduate medical education (post medical school).
b. SUBSPECIALTY RESIDENCY/FELLOWSHIP in the 1st 2nd 3rd 4th 5th 6th 7nd 8nd year of graduate medical.education.
c. RESEARCH FELLOWSHIP: (Indicate Specialty or Service) _____ Full time Part time

PERSONAL DATA

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #
CURRENT ADDRESS (Street, City/State, Zip)			PHONE (home)
			(cell)
E-MAIL ADDRESS			
LOCAL ADDRESS (Street, City/State, Zip)			PHONE (home)
			(cell)
EMERGENCY CONTACT PERSON (Name and Address)			PHONE

EDUCATION

UNDERGRADUATE EDUCATION/COLLEGE	CITY	STATE	GRAD. YR.	TYPE DEGREE
MEDICAL/DENTAL COLLEGE	**CITY**	**STATE**	**GRAD. YR.**	**TYPE DEGREE**

I was will be granted a diploma as DO DDS DMD MD MBBS other (specify _____)
5TH Pathway No Yes (If YES, indicate name of hospital, medical school affiliation and period attended)

NRMP No Yes
NRMP #: _____

FOREIGN MEDICAL

ECFMG #:	ISSUE DATE:	EXPIRATION DATE:

One of these items must be completed by graduates of foreign medical schools, including U.S. citizens.
a. I have a standard Certificate from the Educational Council for Foreign Medical Graduates and am attaching a photocopy.
b. I completed all required examinations on (Month, Day, Year)_____, and am waiting the results.
c. I have been notified that I may take the USMLE examination on (Month, Day, Year)_____
d. I will file application with ECFMG to have my medical education credentials evaluated and to receive permission to take the examination, indicate date on which application will be filed (Month, Day, Year) _____
e. English Proficiency Exam completed. f. Test of English as a Foreign Language (TOEFEL)

PROFESSIONAL MISCONDUCT

Has there ever been any action taken against you for professional misconduct or malpractice or has any disciplinary action been taken concerning your professional performance? No Yes If yes, supply any information:
Have you ever been placed on academic or professional probation? No Yes If yes, supply any information:
Has your training ever been suspended, restricted, terminated, curtaild or not renewed? No Yes If yes, supply any information:
Have you ever been denied completion of training certificate due to alleged mental or physical impairment, incompetence, endangerment of patient safety, pending /settled malpractice / professional misconduct? No Yes If yes, supply any information:
Have you ever been convicted of, or entered a plea of guilty or nolo contendere to, a felony or any other crime or any act of moral turpitude?
No Yes If yes, supply any information:

PROFESSIONAL EXPERIENCE

Professional post-graduate (GME) hospital or institution experience

HOSPITAL OR INSTITUTION	CITY & STATE	TITLE & PGY (Intern., Res., Fell.)	Specialty or Service	From Mo/Day/Yr.	To Mo./Day/Yr.

Please attach a current Curriculum Vitae and Bibliography

I plan to take the examination checked below before I begin the Graduate Medical Education program for which I am now applying:
USMLE or COMLEX, Step 1 USMLE or COMLEX, Step II CK USMLE or COMLEX, Step II CS USMLE, Step III

I have already passed the examinations checked below with the scores and on the dates indicated:

USMLE Part I _____ (Date) _____ USMLE Part II CK_____ (Date) _____ USMLE Part II CS_____ (Date) _____ USMLE, Part III _____ (Date) _____

COMLEX, Step 1_____ (Date) _____ COMLEX, Step II CK_____ (Date) _____ COMLEX Part II CS_____ Date) _____ COMLEX, Step III _____ (Date) _____

FLEX: _____ (Date) _____ (State(s) Licensure)

LIST ANY ADDITIONAL EXAMINATIONS PASSED (FMGEMS, DAY 1; FMGEMS, DAY 2; etc..)

_____

LICENSE

United States Mecdical Licensing Exam (or COMLEX): Passed Part 1 Part II Part III None

FLEX Part 1 Part II FMGEMS Part 1 Part II

If any of the above sequences has been completed, list the certifying No. and name of Exam _____

I have a full and unrestricted license to practice medicine in New York State or another of the U.S., territory of the U.S. and/or U.S. possession.
Yes No

New York State License No._____ Year_____

Other state, territory or possession licensed in _____ Year _____

This application must be accompanied or followed by two letters of recommendation from two physicians (or dentists who have known the applicant for at least one year. Letters, preferably from the chief of the applicant's service and the administrator of the hospital where the applicant last served or is serving, should mention the type of position for which the candidate is making application.

Applicants who are participants in the National Resident Matching Program are required, according to the NRMP, to provide only the credential-recommendation letter from the Dean of the applicant's medical school.

I certify that all information provided is true and accurate. I understand that any misleading or false information may be sufficient cause for immediate dismissal in the event of my appointment to this SUNY residency program.

Signature: _____ Date_____