

Vanderbilt University Medical Center

A passport size photo, signed on the back, if not provided at the time of application will be required when coming for an interview.

And  
AFFILIATED INSTITUTIONS  
APPLICATION FOR TRAINING  
(Residency / Clinical Fellowship)

LAST

I hereby apply to the Vanderbilt University Medical Center and Affiliated Institutions for residency/clinical fellow training at the \_\_\_\_\_ PGY year level in the Department of \_\_\_\_\_.  
1<sup>st</sup>. 2<sup>nd</sup>. 3<sup>rd</sup>. 4<sup>th</sup>. 5<sup>th</sup>. 6<sup>th</sup>. 7<sup>th</sup>. 8<sup>th</sup>. 9<sup>th</sup>

Preferred Effective Date of Appointment: \_\_\_\_\_

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

PRESENT STATUS: \_\_\_\_\_  
(TITLE) (DEPARTMENT) (INSTITUTION)

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(MO) (DAY) (YEAR) (CITY) (STATE/COUNTRY)

CITIZENSHIP: \_\_\_\_\_

IF NOT U.S. CITIZEN, TYPE OF VISA: \_\_\_\_\_

NAME AND ADDRESS OF SPOUSE OR NEAREST RELATIVE: \_\_\_\_\_

LIST ANY REASONS, IF ANY, THAT WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF A HOUSE OFFICER. IF ANY, PLEASE EXPLAIN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRST

MIDDLE

EDUCATIONAL BACKGROUND: Please request the Dean of the Medical School you attended to send a letter and a transcript of your grades.

COLLEGES AND UNIVERSITIES ATTENDED (Include Dates and Degrees):

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MEDICAL SCHOOL (Include Dates): \_\_\_\_\_

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ACADEMIC HONORS (College and Medical School): \_\_\_\_\_

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PROFESSIONAL EXPERIENCE:

INTERNSHIP (Include Hospital and Location; whether Rotating, Mixed, or Straight; and Dates):

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RESIDENCY (Include Hospital and Location, Specialty and Dates):

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POSTGRADUATE TRAINING OTHER THAN ABOVE (Fellowship, Courses in Basic Science, Summer Research, etc. Include Location, Type of Activity, and Dates): \_\_\_\_\_

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MEMBERSHIP IN SCIENTIFIC AND PROFESSIONAL ORGANIZATIONS: \_\_\_\_\_

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HAVE YOU BEEN PARTY TO ANY MALPRACTICE LIABILITY CLAIMS, SUITS, AND/OR SETTLEMENTS?

Yes \_\_\_ No \_\_\_ (If yes, please attach a summary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSURE: Are you currently licensed to practice medicine? \_\_\_\_\_ If so, please indicate:

STATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

Has your license ever been suspended, revoked, or voluntarily surrendered? Have you ever been disciplined, in any way, by a licensing board? If so, Please explain: \_\_\_\_\_  
\_\_\_\_\_

CRIMINAL RECORD: Have you ever been convicted of a crime, other than a minor traffic violation: If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

REFERENCES (Please submit names and addresses of three physicians who are acquainted with your academic and/or professional experience and your personal character): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MILITARY EXPERIENCE:

ACTIVE DUTY IN ARMED FORCES (Include Rank, Branch of Service, and Dates): \_\_\_\_\_  
\_\_\_\_\_

RESERVE OR NATIONAL GUARD STATUS: \_\_\_\_\_  
\_\_\_\_\_

ARE YOU OBLIGATED, THROUGH A HEALTH PROFESSIONS LOAN, FOR MILITARY OBLIGATION?

\_\_\_\_\_

COMMENTS (Please indicate any special experience or qualifications not covered in this form): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FUTURE PLANS: (Describe your program for continued training)

“In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University does not discriminate on the basis of race sex, religion, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment. Inquires or complaints should be directed to the Opportunity Development Officer, Baker Building, Box 1809 Station B, Nashville, TN 37235. Telephone (615) 322-4705 (V/TDD); fax (615) 421-6871.”

If I accept the appointment on the House Staff of Vanderbilt University Medical Center. I agree to serve the full term and to abide by the rules and regulations of the Medical center and Service to which I am attached.

I certify that the information provided in this application is true and correct.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Appointment to House Staff is made by the Hospital on the recommendation of the Chief of Service and is for one year only.