INSTRUCTOR/FELLOWS OR SUB-SPECIALTY RESIDENT
INFORMATION FORM

The Information Form is used as a tool to obtain vital information that will be used to complete the Fellows' appointment paperwork. The form should be completed and submitted to Karen Brooks by February of the appointed year. The Office Manager is responsible for submitting the form and documentation to HR.
INSTRUCTOR/FELLOWS OR SUB-SPECIALTY RESIDENT INFORMATION FORM

Last Name: ______________ First Name: ______________ Maiden: ______________

Division: ______________ Fellowship Start Date: ______________

Visa: ___ Yes ___ No ___ N/A If yes, what type of Visa: ______________

Address: __________________________________________________________________________________

City: ______________ State: ______________ Zip: ______________

Phone: ______________ Work: ______________ Email: ______________

___ Instructor/Fellow ___ Sub-Specialty Resident ___ Trainee

❖ If a trainee, please provide a letter of understanding and a statement of training appointment.

Has the resident/fellow completed a Med/Peds Program? ___ Yes ___ No
If yes, where: _______________________________________________________________________

Postdoctoral Training

Name of Institution: ____________________________________________________________________

Residency Coordinator: ______________ Phone: ______________

Address: ______________ City: ______________ State: ___ Zip: ___

Please attach the following documents:

☐ Original signed letter of offer with Dr. Stagno’s signature
☐ Completed GME Application
☐ Copy of medical school dean’s letter (not applicable, if UAB Resident)
☐ Copy of medical diploma
☐ Three letters of recommendations (not applicable, if UAB Resident)
  ○ Letters must be included from the program director(s) for all previous residency training completed by resident.
☐ Copy of certificates issued for any previous residency training
☐ Copy of Alabama medical license
☐ Federal DEA

If the resident is a graduate of an international medical school, please submit the following documents:

☐ Copy of valid ECFMG certificate
☐ Documentation of passing score for USMLE Step 3.
Are there any special funding/circumstances? If yes, please state: