



ATTACH RECENT PHOTOGRAPH

UAB HOSPITAL/UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE

APPLICATION FOR GRADUATE MEDICAL EDUCATION (Please type or print)

Date of Application (Mon) (Day) (Year) Match # (if applicable):

Name (Last) (First) (Middle) Social Sec. No.

Application is made for graduate medical education in the specialty of beginning (Mon/Year) at postgraduate year (check one): PGY-1, PGY-2, PGY-3, PGY-4, PGY-5, PGY-6, PGY-7, or other (list):

Present Address: (Street) (City) (State) (Zip) (Country if other than USA)

Permanent Address: c/o (Name) (Street) (City) (State) (Zip) (Country if other than USA)

Present Telephone: ( ) Permanent Telephone: ( ) E-Mail Address:

Citizenship: (if not U.S. citizen, see page 3)

Nearest Relative: Name Address Telephone Relationship

The following sociodemographic data (optional) are requested for statistical reporting:

Birthdate: Month/Day/Year Birth Place: City State Country

Sex: Race: Marital Status: No. Dependents:

UNDERGRADUATE EDUCATION (List in chronological order)

Table with 4 columns: Name of School, City/State/Country, Inclusive Dates (From, To), Degree/Date

GRADUATE AND/OR MEDICAL EDUCATION (List in chronological order)

Table with 4 columns: Name of School, City/State/Country, Inclusive Dates (From, To), Degree/Date

**PREVIOUS POSTGRADUATE RESIDENCY AND/OR FELLOWSHIP TRAINING**

Postgraduate Year 1	Specialty _____	(Mo/Yr) to (Mo/Yr) _____
	Institution Name _____	City/State/County _____
Postgraduate Year 2	Specialty _____	(Mo/Yr) to (Mo/Yr) _____
	Institution Name _____	City/State/County _____
Postgraduate Year 3	Specialty _____	(Mo/Yr) to (Mo/Yr) _____
	Institution Name _____	City/State/County _____
Postgraduate Year 4	Specialty _____	(Mo/Yr) to (Mo/Yr) _____
	Institution Name _____	City/State/County _____
Other:	Specialty _____	(Mo/Yr) to (Mo/Yr) _____
	Institution Name _____	City/State/County _____

**WORK EXPERIENCE OR OTHER EDUCATIONAL/RESEARCH EXPERIENCE SINCE MEDICAL SCHOOL GRADUATION**

Position	Institution/Organization	Location	Inclusive Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Honors: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

**RECOMMENDATIONS (Indicate name, title/position, institution, and location of those asked to write letters of recommendation)**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

**United States Medical Licensing Examination (USMLE) OR Comprehensive Medical Licensing Exams (COMLEX) Circle One**

Step/Level 1	_____	_____	_____	Passed: _____ Yes _____ No
	Date Taken	Score	Percentile	
Step/Level 2	_____	_____	_____	Passed: _____ Yes _____ No
	Date Taken	Score	Percentile	
Step/Level 3	_____	_____	_____	Passed: _____ Yes _____ No # Attempts*: _____
	Date Taken	Score	Percentile	

\*The Alabama Board of Medical Examiners allows only three attempts for Step/Level 3 (see #7, Application Procedures)

**PROFESSIONAL LICENSURE (list any medical/dental licenses issued including unrestricted license, training permits, certificates of registration, etc.)**

State	License Number	Type	Date Issued	Expiration Date
Medical/Dental License: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
DEA Number: _____	_____	_____	_____	_____
Other (specify): _____	_____	_____	_____	_____

**INFORMATION REQUIRED OF NON-U.S. CITIZENS AND GRADUATES OF NON-LCME ACCREDITED MEDICAL SCHOOLS**

Visa Type and Status (Attach copy of Visa): Type \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

ECFMG Step 1: Date Taken \_\_\_\_\_ Score \_\_\_\_\_ Step 2: Date Taken \_\_\_\_\_ Score \_\_\_\_\_

TOEFL Exam: Date Taken \_\_\_\_\_ Score \_\_\_\_\_ CSA Exam: Date Taken \_\_\_\_\_ Score \_\_\_\_\_

ECFMG Certificate No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

**MILITARY SERVICE - List Status (Active/Inactive), Rank, Branch, Inclusive Dates, Type Discharge, if applicable:**

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Were you ever convicted by a court-martial? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you now abuse chemical substances, as defined herein?\* \_\_\_\_\_ Yes \_\_\_\_\_ No

\*(Substance abuse is defined as using drugs for non-medical reasons in an attempt to influence the mind and body, to alter emotions and senses, and to escape reality. A drug can be considered as any substance, other than food and including alcohol, that has an effect on the central nervous system or other systems of the body.)

Have you ever been convicted of any charge (s) related to or pertaining to chemical substance abuse, or to the possession, sale or other distribution of illegal or legally controlled substances? Yes \_\_\_\_\_ No \_\_\_\_\_

**Other Charges and Violations:**

Are you now under charges for any violation of the law or have you been convicted of or forfeited collateral for any violation of law punishable by imprisonment of longer than one year, except for: traffic fines of \$100 or less; any offense committed before your 18th birthday adjudicated in a juvenile court or under a youth offender law; any conviction for which the record has been expunged under federal or state? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any malpractice action or claim pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been refused medical licensure? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your medical license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been denied medical staff privileges, or had your medical staff privileges suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to any of the above, give details. For each, give (1) date, (2) charge, (3) place, (4) court, (5) action taken. Use additional sheets if necessary. \_\_\_\_\_

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I certify that the answers to the foregoing questions are true and complete to the best of my knowledge and belief, and are made in good faith. I give UAB the right to contact all persons and/or organizations named to gain information relevant to this application. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds for UAB to terminate my residency without notice. I acknowledge by my signature that I have read and understand these statements.

\_\_\_\_\_  
**Signature of Applicant (sign in ink)**

\_\_\_\_\_  
**Date**

## APPLICATION PROCEDURES

### 1. Application form

- A. An applicant graduating from medical school (or school of osteopathy) should fill out all appropriate pages of the application form.
- B. An applicant currently taking or having taken graduate clinical training in an approved program elsewhere should fill out all pages of the application form. All year(s) of previous residency or subspecialty training must be documented (as to PGY levels and actual months/years of credit fully granted to the applicant) to the satisfaction of the Program Director(s), as determined by the requirements for entrance to and successful completion of the graduate medical education program(s) to which application is made.
- C. A recent photograph is to accompany this application.

### 2. Letters of recommendation

- A. An applicant graduating from medical school (or school of osteopathy) should arrange for three letters of recommendation to be sent directly to the Program Director. These letters should attest to personal qualifications and to scholastic and clinical ability.
  - 1) One letter should be sent by the dean of the medical school, accompanied by the official transcript of credits.
  - 2) The other two letters should be sent by faculty members who know the applicant personally and have supervised some of the applicant's work. At least one of these letters should be from the chairman or other faculty member of the department of the specialty desired.
- B. An applicant currently enrolled, or having completed previous postgraduate training, should arrange for three letters of recommendation to be sent directly to the Program Director. These letters should attest to personal qualifications and to scholastic and clinical ability.
  - 1) One letter should be sent by the dean of the medical school from which the applicant graduated, accompanied by the official transcript of credits training.
  - 2) One letter should be sent by the applicant's current program director (or the program director of the most recent program in which the applicant was enrolled).
  - 3) One letter should be sent by a faculty member who knows the applicant personally and has supervised some of the applicant's work.
- C. Some specialty programs require more than three letters of reference. Please refer to the cover letter accompanying this application.

### 3. Interviews

A personal interview is required and will be granted to the most qualified applicants. Applicants selected to interview will be contacted by the program to which they have applied.

### 4. International medical graduates

An applicant who is an international medical graduate (IMG) must enclose a notarized copy of his/her valid ECFMG certificate with the application form. IMGs accepted for residency positions must maintain a valid ECFMG certificate for the duration of their training.

### 5. United States Medical Licensing Examination (USMLE)

- A. **USMLE Step 2:** All applicants accepted for residency positions beginning at postgraduate year one (PGY-1) must pass USMLE Step 2 within three months of beginning the PGY-1 year.
- B. **USMLE Step 3:** All applicants accepted for residency training must pass USMLE Step 3 within six months of beginning the second postgraduate year (PGY-2).

### 6. Licensure

All residents must obtain an unrestricted license to practice medicine, dentistry, or osteopathy in the State of Alabama within seven months of becoming eligible for licensure in the State of Alabama. It is the responsibility of the resident to obtain licensure at the appropriate time. For information and application materials, contact the Alabama State Board of Medical Examiners, P.O. Box 946, 848 Washington Avenue, Montgomery, AL 36102 (334/242-4116).

### 7. National Resident Matching Program

The University of Alabama Hospital and applicable programs subscribe to the National Resident Matching Program and all regulations as specified by that program.

### 8. Final selections

Final selections will be made through (a) the National Resident Matching Program, when applicable, or (b) by selection procedures established by the program.

**SEND COMPLETED APPLICATION AND ALL NECESSARY SUPPORTING DOCUMENTS TO PROGRAM DIRECTOR OF THE SPECIALTY TO WHICH YOU ARE APPLYING.**

How to apply for the Abdominal Imaging Fellowship Program at the University of Alabama, Department of Radiology, Birmingham, Alabama.

Please submit the following:

- Application along with three letters of recommendation (one from program director)
- Personal statement
- Current curriculum vitae
- USMLE and medical school transcripts

Please contact Phyllis Rodgers, Program Coordinator if you have any questions.

prodgers@uabmc.edu | Tel: 205-934-7133