



UAB Hospital/University of Alabama School of Medicine/ UAB Radiology

**Part 1-APPLICATION FOR GRADUATE MEDICAL EDUCATION
(Please type or print)**

Date of Application _____
(Mo) (Day) (Year)

Match # (if applicable): _____

Name _____
(Last) (First) (Middle)

Social Sec. No. _____

Application is made for graduate medical education in the Radiology subspecialty of _____
beginning (Mo/Year) _____ at postgraduate year (check one): ___ 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: _____

UNDERGRADUATE EDUCATION (List in chronological order)

Name of School	City/State/Country	Inclusive Dates		Degree/Date
		From	To	

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

Name of School	City/State/Country	Inclusive Dates		Degree/Date
		From	To	

PREVIOUS POSTGRADUATE RESIDENCY AND/OR FELLOWSHIP TRAINING

ACGME- ACCREDITED

Postgraduate Year 1	Specialty	(Mo/Yr) to (Mo/Yr)	Yes	No
	Institution Name	City/State/Country		
Postgraduate Year 2	Specialty	(Mo/Yr) to (Mo/Yr)	Yes	No
	Institution Name	City/State/Country		
Postgraduate Year 3	Specialty	(Mo/Yr) to (Mo/Yr)	Yes	No
	Institution Name	City/State/Country		

Postgraduate Year 4	Specialty _____ (Mo/Yr) to (Mo/Yr)	Yes	No
	Institution Name _____		
Postgraduate Year 5	Specialty _____ (Mo/Yr) to (Mo/Yr)	Yes	No
	Institution Name _____		
Other:	Specialty _____ (Mo/Yr) to (Mo/Yr)	Yes	No
	Institution Name _____		

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 - Active/Inactive, Rank, Branch, Inclusive Dates, Type Discharge, if applicable:

List here: _____

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

SUBSTANCES

1. UAB Medicine has a **tobacco-free hiring policy**. Tobacco use includes smoking, sucking/dipping, chewing or snuffing any tobacco product. Prospective employees will be tested for nicotine use as part of their pre-employment drug screening following a job offer. Those who test positive for nicotine use will not be hired.

2. Do you now use nicotine products as defined above? _____ Yes _____ No
3. 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 _____

Have any professional liability claims been filed against you during the last five years or are any professional liability claims currently pending against you? Yes _____ No _____

Have you ever been excluded from participating in federal healthcare programs, such as Medicare or Medicaid? 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. _____

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 #6, Application Procedures)

National Provider Number (NPI) _____

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):	_____				

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

PERSONAL STATEMENT

APPLICATION PROCEDURES

1. Application form

- A. An applicant graduating from medical school (or school of osteopathy) should fill out all pages of the application form and submit to the fellowship director. **Please note UAB Medicine's tobacco use policy on page 2.**
- B. 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 pre-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 applicant's current program director (or the program director of the most recent program in which the applicant was enrolled).
 - 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. These letters should attest to personal qualifications and to scholastic and clinical ability.

3. Personal statement

4. Interviews

A personal interview is required and will be granted to the most qualified applicants once both parts of the application are processed. Applicants selected to interview will be contacted by the program to which they have applied.

5. 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 post graduate positions must maintain a valid ECFMG certificate for the duration of their training.

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 PARTS AS DIRECTED AND ALL NECESSARY SUPPORTING DOCUMENTS TO PROGRAM OR FELLOWSHIP DIRECTOR OF THE RADIOLOGY SUBSPECIALTY TO WHICH YOU ARE APPLYING.