



Application for Graduate Medical Education

EMPLOYMENT APPLICATION:

It is the policy of the University of Vermont Medical Center to provide employment, training, compensation, promotion, and other conditions of employment without regard to race, color, sex, age, religion, national origin, sexual orientation, ancestry, place of birth, or disability, except where age or sex are bona fide occupational requirements. UVMCMC is an equal opportunity employer.

Notice: Include your curriculum vitae and a personal statement with this completed application.

Fill out each section. "Refer to C.V." is not acceptable.

Name:	_____	Social Security Number:	
	<i>(Last) (First) (M.I.)</i>		
Current Address:	_____	Telephone (cell):	
	<i>(Number & Street)</i>		

	<i>(City) (State) (Zip)</i>		
Permanent Address:	_____	Telephone (home):	
	<i>(Number & Street)</i>		

	<i>(City) (State) (Zip)</i>		
Email Address:	_____		

Residency or Fellowship:	_____		
Year of Training:	_____		
Specialty:	_____	Training to commence:	_____
Sub-specialty:	_____	Training to commence:	_____
Your NRMP:	_____		

Contact info for someone who can always reach you during the application process:			
Name:	_____		
	<i>(Last) (First) (M.I.)</i>		
Address:	_____	Telephone:	
	<i>(Number & Street)</i>		

	<i>(City) (State) (Zip)</i>		
Email Address:	_____		

If not a U.S. citizen: You must have a J-1 Visa or have a U.S. citizen Permanent Resident status. No other Visas will be accepted. (H1B are not acceptable.)			
J-1 Visa Number:	_____	Expiration Date:	_____

Military of USPHS experience and status:	
Please describe military service with dates and rank:	

Have you ever been convicted of a crime of offense other than a minor traffic violation:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Offense:		Date of Conviction:
Unless job-related, this information will not restrict employment.		

<u>Pre-Medical Education</u>		
College or University:		
Degree Received: (e.g. BS in Biology)		
Dates attended:		to

<u>Medical Education</u>			
College or University:			
Degree Received: (e.g. M.D. or D.O)		Date of Graduation:	
Dates attended:		to	

<u>Graduate Medical Education Experience</u>	
Please describe type of internship, residency, and/or fellowship experience. Account for all years since M.D. degree was received, using additional space or additional sheet if necessary:	
Present Status:	

<u>Licensure:</u>					
List states in which you are licensed to practice:					
U.S.M.L.E. ID Number:		ECFMG Certificate Number (if applicable):			
U.S.M.L.E. Scores:	Part 1:		Date		Score:
	Part 2:		Date		Score:
	Part 3:		Date		Score:

References and Transcript:

A minimum of three letters of reference (preferably from clinical teachers) plus a letter from the dean of your medical school are required. Advanced level applicants must also submit letters from the program directors of any current or previous residencies, plus letter(s) from one or more current clinical supervisors. The responsibility for securing letters of reference rests with the applicant and all letters should be forwarded directly to the program director of the training pro-gram in which the applicant is interested.

Please list the names, titles, academic affiliations, addresses and telephone numbers of the individuals from whom we may expect letters of reference:

Pre-Employment Statement:

I certify that the information provided on this application and all other information otherwise furnished, including the attached resume is true and correct. I understand that any incomplete, incorrect, false statement or misrepresentation may result in denial of employment or dismissal if I am hired. If hired, I understand that neither this application nor my status as an employee, shall create any employment contract or term, express or implied. I understand and agree that my employment is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time, with or without cause, and without previous notice. I acknowledge and understand that no one except the President or his/her designee can alter or change (verbally or otherwise) any of the provisions contained in his/her handbook and that any changes in this handbook can only be made by the President or his/her designee in writing. I understand that all offers of employment are conditional upon receipt of satisfactory references and my satisfactory completion of a post-offer/pre-employment medical examination. I authorize my former employers and schools to give any information regarding my employment or schooling. I hereby release the University of Vermont Medical Center, and any persons or organizations that provide information, from all legal responsibilities or liability that may arise from an investigation of my employment and schooling or from providing information. I further understand that if a conditional offer of employment is made, the University of Vermont Medical Center will file separate written requests for my record of convictions with the Commissioner of the Department of Aging and Disabilities and that any conditional offer is contingent upon the results of that investigation. I agree to submit signed written releases permitting the commissioner to check the record of my criminal convictions. Information released to the University of Vermont Medical Center pursuant to this request shall not be released or disclosed to any person.

Applicant Signature: _____ Date: _____