

Please type or print

APPLICATION FOR POSTGRADUATE EDUCATION**THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**2500 North State Street
Jackson, Mississippi 39216Position† _____ Service _____ Starting Date _____
(medicine, surgery, etc.)

Total years of postgraduate training in this specialty desired _____

Name in Full _____

Last First Middle
Present Address _____ Telephone _____Street Address
City State Zip CountryPermanent Address _____
Street AddressCity State Zip Country
Date of Birth _____ Birthplace _____ Social Security No. _____

Citizenship _____

*If not a U.S. citizen, state type of visa under which you entered (or plan to enter) U.S.*Date of entry _____
State type of E.C.F.M.G. certificate _____ No. _____ Date _____
(interim or standard)

Parent's Name & Address _____

Street City State Zip Country

Military Service. State positions held, with dates. Indicate reserve status. _____

EDUCATION

	<u>Institution</u>	<u>Dates Attended</u>	<u>Degrees & Dates</u>
(a)	_____	from _____ to _____	_____
	College or University	month & year month & year	
(b)	_____	from _____ to _____	_____
(a)	_____	from _____ to _____	_____
	Professional School	month & year month & year	
(b)	_____	_____	_____

Foreign Graduates only:(a) Does your school require a clerkship before awarding the M.D. degree? _____
Yes No(b) Clerkship _____ Dates _____
Hospital (from) (to)(c) **SEND SCALED & STANDARD ECFMG SCORE.**

† Categorical, Categorical*, Flexible or Residency

POSTGRADUATE TRAINING

Internship	_____	Type _____	Dates _____
	Hospital		(from) (to)
Residency (a)	_____	Type _____	Dates _____
	Hospital		(from) (to)
	(b) _____	Type _____	Dates _____
	Hospital		(from) (to)
Fellowship	_____	Type _____	Dates _____
	Place		(from) (to)

Licensed to practice (a) _____ Certificate No. _____
 State _____
 (b) _____

Medical License Exam. Status: Exam: _____ Date Taken: _____ Results: _____
 (USMLE, FLEX) (passed,failed)

State or National Board Examinations _____ Results or Status _____
 (state which exam)

Membership in organizations (scientific, professional or others) _____

Research _____
 Type _____ Where _____ Dates _____
 Publications (use back of sheet, if necessary) _____

Do you intend to take an American Specialty Board certifying examination? _____
 Yes No
 If yes, specify which _____

History of physical or psychiatric illness? _____
 (if none, state none)

Do you have any known health problems or illness (physical or psychological) at the present time?
 Yes No If yes, specify _____

Letters of recommendation from two persons who are familiar with your work are requested. Their names and addresses should be listed below. These letters should be sent directly to the training program director.

References will be sent by: (1) _____

(2) _____

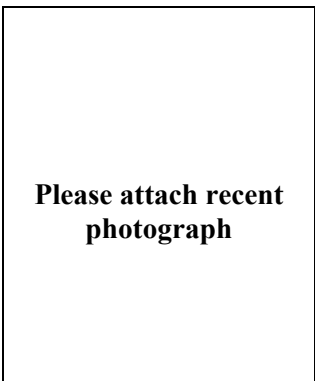
A letter of recommendation from your medical school Dean's office and a transcript of your medical school should be sent directly to the director of the training program for which you are applying.

A personal interview is desirable. An appointment for the interview should be made directly with the training program director. Additional data in support of this application may be entered on page 4.

Appointments to all University of Mississippi Medical Center postgraduate training programs are made on a yearly basis. Reappointments must be individually arranged with the training program directors.

Mississippi law requires that all physicians, including interns and residents, have valid Mississippi medical licenses. In the case of recent medical school graduates, a temporary license may be arranged pending results of licensure examination. In the case of foreign medical graduates, limited institutional licenses may be issued upon appropriate application.

I understand that falsification of data on this form may lead to rejection of this application or subsequent dismissal from a training program, if accepted.



Date

Signature

Return this application to the director of the specific program for which you are applying, University of Mississippi Medical Center, 2500 North State Street, Jackson, Mississippi 39216.

Additional data in support of this application may be added below.

Please include brief (250 words or less) handwritten biography and your career plans.