



Graduate Medical Education Standard Application (for non-ERAS or Specialty-Specific Applicants)

All required fields are marked with an asterisk (*). Please note, however, that some of these fields are required only in certain circumstances.

PROGRAM	
Program applying for:	Training year applying for:
Anticipated Post Graduate Level:	

PROFILE			
First Name:	Middle Name:	Last Name:	Suffix:
Previous Last Name:			
Date of Birth:			

DEGREE					
<input type="checkbox"/> MD	<input type="checkbox"/> MD, PhD	<input type="checkbox"/> DO	<input type="checkbox"/> MBBS	<input type="checkbox"/> MCchS	<input type="checkbox"/> MBChB

CURRENT ADDRESS			
Street:			
City:	State/Province:	Post Code:	Country:
Preferred Phone:	Mobile:	Email:	

NPI NUMBER

MILITARY SERVICE OBLIGATION/DEFERMENT	
Are you committed to fulfill U.S. Military active duty service obligations/deferments?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Years:	Branch:
Do you have any other service obligations*? (i.e., Military Reserves or Public Health/State programs)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Description (up to 255 characters):	

CITIZENSHIP	
<input type="checkbox"/>	Native born U.S. Citizen
<input type="checkbox"/>	Naturalized U.S. Citizen
<input type="checkbox"/>	Lawful Permanent Resident (Green Card)
<input type="checkbox"/>	Employee Authorization Document (EAD)
<input type="checkbox"/>	Eligible to hold a J-1 Clinical Visa sponsored by ECFMG
<input type="checkbox"/>	J-1 Visa Change of Status: J-1 “research scholar” to J-1 “alien physician”
Country of citizenship:	

Note: H-1B visa (temporary professional worker) – UW Health does not sponsor an H-1B visa for graduate medical education training.

INTERNATIONAL MEDICAL GRADUATE		
Are you certified by the Educational Commission for Foreign Medical Graduates? (Attach a copy of the ECFMG certificate).		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Month: Year:
USMLE/ECFMG ID:		
<input type="checkbox"/> ECFMG certificate is attached with the application*.		

NON-MEDICAL EDUCATION			
For each non-medical educational institution you have attended, provide the requested information. You may create as many entries as needed on an additional page.			
<input type="checkbox"/> None			
#1			
Institution:		Location:	
Education Type*:	Major:	Degree expected or earned*: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree:	Degree Month:	Degree Year:	
Dates of Attendance: From (mm/yy) to (mm/yy)			
#2			
Institution:		Location:	
Education Type*:	Major:	Degree expected or earned*: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree:	Degree Month:	Degree Year:	
Dates of Attendance: From (mm/yy) to (mm/yy)			

Refer to attachment for additional information. (Reference as 2-a, 2-b)

MEDICAL EDUCATION			
For each medical school you have attended, provide the requested information.			
#1			
Country:	Institution:		
Degree:	Degree Month:	Degree Year:	
Dates of Attendance: From (mm/yy) to (mm/yy)			
#2			
Country:	Institution:		
Degree:	Degree Month:	Degree Year:	
Dates of Attendance: From (mm/yy) to (mm/yy)			

CURRENT/PRIOR MEDICAL EDUCATION TRAINING			
For each internship, residency, or fellowship position you have held or currently are in, regardless of the amount of time spent there, provide the requested information. You may create as many entries as needed on an additional page.			
#1 (Please list in chronological order)			
Completed in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty:			
Type of Training: <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship			
Dates of Residency/Fellowship: From (mm/yy) to (mm/yy)			
Institution/Program:			
City:	State/Province:	Country:	Years:
Program Director:		Supervisor:	
#2			
Completed in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty:			
Type of Training: <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship			
Dates of Residency/Fellowship: From (mm/yy) to (mm/yy)			
Institution/Program:			
City:	State/Province:	Country:	Years:
Program Director:		Supervisor:	

CURRENT/PRIOR MEDICAL EDUCATION TRAINING (continued)			
#3			
Completed in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty:			
Type of Training: <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship			
Dates of Residency/Fellowship: From (mm/yy) to (mm/yy)			
Institution/Program:			
City:	State/Province:	Country:	Years:
Program Director:		Supervisor:	

<p>Was your medical education/training extended or interrupted? Please explain any gaps of three or more months during your medical education and/or residency training*.</p> <p><input type="checkbox"/> No <input type="checkbox"/> No response</p> <p><input type="checkbox"/> Yes Please provide reason* (up to 510 characters):</p>
--

Refer to attachment for additional information. (Reference as 3-b)

BOARDS		
Are you Board Certified? <input type="checkbox"/> No		
<input type="checkbox"/> Yes	Board Name:	Expiration:
	1.	
	2.	

USMLE or COMLEX Exams			
Provide USMLE or COMLEX score(s).		USMLE	COMLEX
1. All PG levels	All residents entering training at UW Health must have passed USMLE Steps 1, 2CK and 2CS; or COMLEX Levels 1 and 2.	Step 1 Step 2CK Step 2CS	Level 1 Level 2-CE Level 2-PE
2. PGY-2	PGY-2s who have completed the PGY-1 year at UW Health are required to complete USMLE Step 3 or COMLEX Level 3 by December of the PGY-2 year. PGY-2s who completed the PGY-1 year elsewhere are required to complete USMLE Step 3 or COMLEX Level 3 by March 1 of the PGY-2 year.	Step 3	Level 3
3. PGY-3 and above	All residents appointed to a PGY-3 and above must have passed USMLE Step 3 or COMLEX Level 3.	Enter Step 3 score above	Enter Level 3 score above

EXPERIENCE(S)		
For each non-residency relevant work, research, and volunteer experience/position you have had, provide the requested information. Include non-residency clinical and teaching experience as work experiences and include all unpaid extra-curricular activities and committees you have served on as volunteer experiences. You may create as many entries as needed on an additional page.		
<input type="checkbox"/> None		
#1		
Type of Experience: <input type="checkbox"/> Work <input type="checkbox"/> Research <input type="checkbox"/> Volunteer		
Organization:	Position:	Supervisor:
Avg. hours per week:	Dates of Experience: From (mm/yy) to (mm/yy)	
Description (up to 1020 characters):		
Reason for leaving (up to 510 characters):		
#2		
Type of Experience: <input type="checkbox"/> Work <input type="checkbox"/> Research <input type="checkbox"/> Volunteer		
Organization:	Position:	Supervisor:
Avg. hours per week:	Dates of Experience: From (mm/yy) to (mm/yy)	
Description (up to 1020 characters):		
Reason for leaving (up to 510 characters):		

OTHER
Publications:
Language Fluency:
Other Awards/Accomplishments:
Hobbies & Interests:

Appendix A Personal / Demographic Information

Appendix A will not be provided to decision-makers prior to a position being offered.

Applicant Name:		
Program Name:		
Social Security Number (SSN):		
Marital: <input type="checkbox"/> Married <input type="checkbox"/> Single		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Birth date (mm/dd/yy):		
Birth City:	Birth State/Province:	Birth Country:

<p>SELF IDENTIFICATION</p> <p>This section allows entries for self-identification. You may select one or more races. You are not required to identify your race. If you choose not to, select "No Answer." Specify "other" if your race is not listed.</p>
<input type="checkbox"/> Black (not of Hispanic Origin): All persons having origins from any of the black racial groups.
<input type="checkbox"/> Asian or Pacific Islander: All persons having origins from any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, and India.
<input type="checkbox"/> American Indian or Alaskan Native: All persons having origins of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/> Hispanic: All persons from Mexican, Puerto Rican, Cuban, Central or South American, Iberian Peninsula, or other Spanish culture or Origin, regardless of race.
<input type="checkbox"/> White (not of Hispanic Origin): All persons having origins from any of the original peoples of Europe, North Africa, and the Middle East.
<input type="checkbox"/> Unknown
<input type="checkbox"/> Other

Appendix B Conviction, and Accommodations

Appendix B will be removed before decision makers decide who to interview. The information below may be discussed if offered an interview.

Applicant name:
Program Name:

FELONY OR MISDEMEANOR CONVICTION IN THE UNITED STATES?
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No

*** Section 111.321, Wis. Stats., generally prohibits employment discrimination on the basis of arrest or conviction record. An employer may only refuse to hire a qualified applicant because of a conviction record for an offense that is substantially related to the circumstances of a particular job. The legislature has determined that certain convictions are substantially related to employment in child and adult care giving programs regulated by the Department of Health and Family Services.*

2015-16 Wis Statutes updated through 2017 Wis Act 367 and all Supreme Court & Controlled Substances Board Orders effective on or before 10/01/2018
<http://docs.legis.wisconsin.gov/statutes/statutes/111/II/321?view=section>

111.321 Prohibited bases of discrimination. Subject to ss. [111.33](#) to [111.365](#), no employer, labor organization, employment agency, licensing agency, or other person may engage in any act of employment discrimination as specified in s. [111.322](#) against any individual on the basis of age, race, creed, color, disability, marital status, sex, national origin, ancestry, arrest record, conviction record, military service, use or nonuse of lawful products off the employer's premises during nonworking hours, or declining to attend a meeting or to participate in any communication about religious matters or political matters.

LIMITATIONS
<input type="checkbox"/> Yes – Please explain:
<input type="checkbox"/> No

WORK ELIGIBILITY
Are you able to carry out the responsibilities of a resident in the specialties and at the specific training programs to which you are applying including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations? *
<input type="checkbox"/> Yes
<input type="checkbox"/> No – Please describe limiting aspects: