Return Application and Supporting Documents to:

Director of Graduate Medical Education
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION / NA23
9500 Euclid Avenue, Cleveland, Ohio 44195
216/444-5690
www.cleveland clinic.org
Toll Free Number
1-800-323-9259

(Please print or typewrite)

APPLICATION FOR RESIDENCY ❑ or FELLOWSHIP ❑

Application for Residency or Fellowship in _____

To begin on _____ at Graduate Level _____

Match Number (if applicable) _____ Medical School NRMP Code _____

Last Name | First | Middle (No Initial)

Present Address | Area Code / Telephone No. (Home-Work)

City | State | Zip Code | Country

Permanent Address | Area Code / Telephone No. (Home-Work)

City | State | Zip Code | Country

E-Mail Address | U.S. Social Security Number

Fax Number (If international, please provide country and city codes)

EDUCATION:

College or University | City/State | Major

Advanced Degree School | City/State | Dates from | to | Degree

Medical School | City/State | Dates from | to | Degree

United States Medical Licensing Examination: Step 1 | Step 2 | Step 3

HOSPITAL EXPERIENCE: (Please list all previous training. Use additional sheet if necessary)

Residency–Hospital | City/State | from | to | no. mos. | Specialty

Residency–Hospital | City/State | from | to | no. mos. | Specialty

Residency–Hospital | City/State | from | to | no. mos. | Specialty

ADDITIONAL INFORMATION:

1. Do you have a military or USPHS commitment? ❑ Yes ❑ No

   If yes: Starting _____ for _____ years in _____ (Branch of service)

2. Do you hold a state medical license? ❑ Yes ❑ No

   List states where you hold permanent licensure - include number and expiration date:

   _____

   _____

   _____

3. Have you ever been denied a medical license or had a license revoked? ❑ Yes ❑ No

   If yes, explain: _____

   _____

   _____

   _____

4. **International Medical Graduates Only:**

   Are you certified by the E.C.F.M.G.? ❑ Yes ❑ No

   Certificate number: _____ Certification valid through date: _____

   Examination Taken and Test Scores

   VQE 1 _____ 2 _____ NBME 1 _____ 2 _____ 3_____

   FMGEMS 1 _____ 2 _____ USMLE 1 _____ 2 _____ 3_____

5. Citizen of U.S.? ❑ Yes ❑ No Permanent resident? ❑ Yes ❑ No A# _____

   If not, are you currently in the U.S.? If so, what is your status?

   ❑ Exchange Visitor Visa (J-1) ❑ Research ❑ Clinical How long? _____

   ❑ H1B Visa ❑ Research ❑ Clinical How long? _____

   ❑ Other ❑ Exp. date _____

   If not in the U.S., what type of Visa may we advise you about: ❑ J-1 ❑ H-1B

6. **References and Supporting Documents:**

   PGYI – Please submit a personal statement and ask at least two physicians who have supervised you in a clinical setting to send letters in support of your application. Please ask your dean to send a letter of commendation, including a transcript. Also, a statement of your class standing, if available.

   PGYII and above – Please submit a personal statement and ask at least two physicians who have supervised you in a clinical setting to send letters in support of your application. Copies of the following documents are requested: letter of commendation from medical school dean, medical school diploma, certificate (or other validation) of all previous training.

   FELLOWSHIP – In addition to the documents requested above, please submit a letter from your residency program director. You are NOT required to submit a dean's letter.

   INTERNATIONAL MEDICAL GRADUATES – In addition to the requirements above, please send a certified copy of your E.C.F.M.G. certificate and qualifying exam results.

   REFERENCES AND SUPPORTING DOCUMENTS WILL NOT BE RETURNED.

The policy of The Cleveland Clinic Foundation is to provide equal opportunity to all of our employees and applicants for employment. Decisions concerning employment, transfers and promotions are all made upon the basis of the best qualified candidate without regard to color, race, religion, national origin, age, sex, handicapped status, ancestry or status as a disabled or Vietnam era veteran.

I certify that the information given or attached is true, accurate and complete.

Signed _____ Date _____