
UNIVERSAL APPLICATION FOR FELLOWSHIP

The Universal Application for Residency was developed by the Association of American Medical Colleges (AAMC) in collaboration with hundreds of residency program directors. It is designed to provide information generally required for consideration by program directors and to facilitate the residency application process. All programs are urged to accept this application in lieu of requiring the submission of a unique form and many programs have adopted this form as the application for their program. Applicants are encouraged to submit copies to all programs in which they would like to be considered.

Developed by the

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

Adapted and Distributed for Educational Programs
within the

UNIVERSITY OF MINNESOTA PEDIATRICS DEPT

420 Delaware Street, SE MMC 391

Minneapolis, MN 55455

UNIVERSAL APPLICATION

PAGE ONE

POSITION BEGINNING IN _____				NAME:
(Year)				
1. NAME (LAST) (FIRST) (MIDDLE)			2. SOCIAL SECURITY NUMBER	
3. I AM APPLYING TO THE FOLLLOWING GRADUATE PROGRAM: PROGRAM DESCRIPTION				
4. (NAME OF HOSPITAL)		5. CITY STATE ZIP		
MEDICAL EDUCATION				
6. MEDICAL SCHOOL(S) (NAME)				
(CITY)		(STATE/COUNTRY)		
7. MONTH/YEAR OF MATRICULATION AT MEDICAL SCHOOL			8. MONTH/YEAR OF (ANTICIPATED) GRADUATION	
9. ELECTIVES COMPLETED/PLANNED (PLACE A "P" AFTER PLANNED SENIOR ELECTIVES)				
10. HONORS/AWARDS				
GRADUATE EDUCATION				
11.				
GRADUATE SCHOOL(S)	<u>DATES ATTENDED</u> FROM TO (MO/YR) (MO/YR)		GRADUATE DEGREE (IF ANY)	AREA OF STUDY
A. NAME				
CITY		STATE		
B. NAME				
CITY		STATE		
UNDERGRADUATE EDUCATION				
12.				
UNDERGRADUATE COLLEGE(S)	<u>DATES ATTENDED</u> FROM TO (MO/YR) (MO/YR)		DEGREE (IF ANY)	MAJOR
A. NAME				
CITY		STATE		
B. NAME				
CITY		STATE		
C. NAME				
CITY		STATE		

(LAST)

(FIRST)

(MIDDLE)

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13. PERSONAL STATEMENT (SEE INSTRUCTIONS, USE ADDITIONAL SHEET, IF NECESSARY).

14.

SERVICE OBLIGATIONS (NATIONAL HEALTH SERVICE CORPS, ARMED FORCES SCHOLARSHIP, STATE PROGRAMS, ETC.)

I AM NOT REQUIRED TO FULFILL ANY SERVICE OBLIGATIONS

I AM COMMITTED TO FULFILL A SERVICE OBLIGATION BEGINNING _____ (MO./YR.)

NUMBER OF YEARS COMMITTED

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15. NAME (LAST) (FIRST) (MIDDLE)		<div style="border: 1px dashed black; padding: 20px; width: fit-content; margin: auto;"> <p>ATTACH RECENT PHOTOGRAPH</p> <p>OPTIONAL (SEE INSTRUCTIONS)</p> </div>
16. SOCIAL SECURITY NUMBER	17. ECFMG Registration (if applicable)	
18. SHALL PARTICIPATE IN NRMP MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO	19. NRMP CODE (enter "pending" if unknown)	
20. PRESENT ADDRESS (STREET)		
(CITY) (STATE) (ZIP)		
PRESENT PHONE NOS. DAY (EVENING (
21. NUMBER OF DEPENDENTS	22. VISA STATUS (IF APPLICABLE) <input type="checkbox"/> PERMANENT <input type="checkbox"/> J-1 <input type="checkbox"/> TEMPORARY - SPECIFY: <input type="checkbox"/> H-1	
23. CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER		
24. PERMANENT ADDRESS: C/O (NAME OF PERSON THROUGH WHOM I CAN ALWAYS BE CONTACTED) (STREET)		
(CITY) (STATE) (ZIP)	PERMANENT PHONE NO. (

I plan to take the examinations checked below before I begin the Graduate Medical Education program for which I am now applying:		
25. <input type="checkbox"/> USMLE, STEP I	<input type="checkbox"/> USMLE, STEP II	<input type="checkbox"/> USMLE, STEP III
I have already passed the examinations checked below on the dates indicated:		
26. <input type="checkbox"/> NBME, PART I: _____ (DATE)	<input type="checkbox"/> NBME, PART II: _____ (DATE)	<input type="checkbox"/> NBME, PART III: _____ (DATE)
<input type="checkbox"/> USMLE, STEP I: _____ (DATE)	<input type="checkbox"/> USMLE, STEP II: _____ (DATE)	<input type="checkbox"/> USMLE, STEP III: _____ (DATE)
<input type="checkbox"/> FLEX: _____ (DATE)	_____ (STATE(s) of licensure)	
LIST ANY ADDITIONAL EXAMINATIONS PASSED (FMGEMS, DAY 1; FMGEMS, DAY 2; VQE, DAY 1; VQE, DAY 2; ECFMG MEDICAL SCIENCE EXAM): _____		

INTERVIEW SCHEDULING	
27. <input type="checkbox"/>	THE FOLLOWING GENERAL TIME PERIOD IS MOST CONVENIENT FOR ME: FROM: _____ TO: _____
<input type="checkbox"/>	I AM ABLE TO SCHEDULE AN INTERVIEW ON THE FOLLOWING SPECIFIC DATE(S): _____ (DATE) _____ (DATE) _____ (DATE) _____ (DATE)
<input type="checkbox"/>	I AM NOT ABLE TO COME FOR AN INTERVIEW
I have read and I understand the instructions for the completion of this application. I certify that the information submitted on these application materials is complete and correct to the best of my knowledge: I understand that any false or missing information may disqualify me for this position.	
28.	SIGNATURE OF APPLICANT: _____ DATE: _____
NOTE: THE SIGNATURE AND DATE ON EACH APPLICATION MUST BE ORIGINAL.	

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LETTERS OF REFERENCE, IN ADDITION TO THE DEAN'S LETTER, HAVE BEEN REQUESTED FROM THE FOLLOWING INDIVIDUALS:	
29. A. NAME AND TITLE	
INSTITUTION	
ADDRESS	
B. NAME AND TITLE	
INSTITUTION	
ADDRESS	
C. NAME AND TITLE	
INSTITUTION	
ADDRESS	
D. NAME AND TITLE	
INSTITUTION	
ADDRESS	

30. (CHECK ONE) I HEREBY WAIVE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.
 I DESIRE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.

SIGNATURE

DATE

NAME OF APPLICANT - TYPE OR PRINT

NOTE: THE SIGNATURE AND DATE ON THIS STATEMENT MUST BE ORIGINAL.

INSTRUCTIONS FOR THE UNIVERSAL APPLICATION FOR FELLOWSHIP - PLEASE READ CAREFULLY

USING THE UNIVERSAL APPLICATION TO APPLY TO MULTIPLE PROGRAMS

Usage of the Universal Application is not dependent upon whether a program participates in the NRMP. A blank copy of the Universal Application may be completed in its entirety for each program; or, an applicant may elect to:

- ! Remove this instruction page at the perforation.
- ! Complete Page 1, with the exception of Item 3 (Program Description), Item 4 (Name of Hospital), and Item 5 (City/State) and enter the missing information specific to each program on copies; and,
- ! Complete Page 2 and copy; and,
- ! Complete Pages 3 and 4, with the exception of Signatures in Items 28 and 30 (these signatures must be original on all copies); and,
- ! Staple the copied pages together in the upper left corner for distribution to individual programs, ensuring that copies are clear legible and sequential.

It is recommended that you keep on file copies in the event you want to submit additional applications at a later date.

COMPLETING THE UNIVERSAL APPLICATION

Please type or print legibly in black ink.

Electives Completed/Planned (Page 1, Item 9): List all electives completed and all senior electives planned. Planned electives should be designated by a "P" following the course title [i.e., Cardiology (P)].

Honors/Awards (Page 1, Item 10): List all honors/awards, including membership in honor societies such as AOA. Specify the basis for any special recognition (i.e., academic performance, special accomplishments, leadership, research, community service, etc.)

Personal Statement (Item 13, Page 2): The Personal Statement provides you with the opportunity to communicate your professional interests and achievements with regard to research experience and training, special projects, and professional accomplishments. Bibliographic references should be provided for all published papers. Program Directors are also interested in your future plans as defined by your specialty goal and the number of years you intend to devote to graduate medical education.

You may also wish to describe your personal interests, activities, and circumstances. As transcripts of your academic accomplishments are most likely to be required, any interruption in your medical education should be explained in the Personal Statement.

Permanent Address and Telephone Number (Items 24, Page 3): Enter the name, address, and telephone number of an individual through whom you can always be contacted (i.e. parent, relative, close friend, etc.).

Interview Scheduling (Item 27, Page 3): Indicate the specific date(s) or general time period that you are available for interviews.

Photograph: Most program directors request a photograph in order to associate a face with the "paper work". If you do not submit one at this time, you should be prepared to provide one when you are interviewed.

References (Item 29, Page 4): Virtually all hospital programs require the Dean's Letter for U.S. seniors as a standard reference. Non-U.S. seniors should attempt to provide evaluations from faculty members at their medical degree-granting institution. Most programs require a minimum of three additional evaluations. References should be from faculty members or physicians who are familiar with your credentials and are in a position to comment on your suitability for the position you seek.

This space is intentionally left blank.

SUBMITTING THE UNIVERSAL APPLICATION

You should submit all four pages of the Universal Application for Fellowship, with original signatures, to each program to which you wish to apply. Attach the Program Designation/Acknowledgement Cards to the upper left corner of Page 1 of the Universal Application and fold. Do not separate cards. It is the applicant's responsibility to arrange to submit required supplementary materials (transcripts, letters of evaluation, etc.) by the designated program's stated deadline.

DO NOT RETURN THE UNIVERSAL APPLICATION TO THE NRMP