

Please attach a recent photograph of yourself here.



NYU LANGONE HOSPITAL—LONG ISLAND
APPLICATION FOR A RESIDENCY OR
FELLOWSHIP PROGRAM

Application to: _____ Circle year PGY 1 2 3 4 5 6 7 Program Start Date: _____
(Specialty program)

Name: _____
Last First Middle (Maiden name, if applicable)

Present Address: _____
(Number & Street) (City) (State) (Zip Code)

Home Phone Number: _____ Cell Phone Number: _____

Permanent Address: _____
(Number & Street) (City) (State) (Zip Code)

Date of Birth: _____ Email Address: _____

U.S. Citizenship: _____ Yes _____ No Social Security Number: _____

If no, Visa Type: _____ Visa Number: _____ Expiration Date: _____

If Applicable: (Attach certificate with Application)

ECFMG #: _____ Certification Date: _____

Misdemeanor Conviction in the United States? Yes / No If yes, please provide a brief explanation

Felony Conviction in the United States? Yes / No If yes, please provide a brief explanation

Limitations? Yes / No If yes, please provide a brief explanation

Licensing Examinations:

An official transcript of your scores must be sent directly to the program from the NBME.

USMLE/COMLEX:

| | Score | Date Passed |
|-----------|-------|-------------|
| Step 1 | | |
| Step 2 CK | | |
| Step 2 CS | | |
| Step 3 | | |

State Medical License: (Attach copies of license and current registration certificate)

State _____ Number _____ Expiration Date _____

Education and Professional Experience:

Undergraduate School:

College _____ Location _____ Degree _____ Dates of Attendance _____

Medical School:

| Medical School | Location | Degree | Dates of Attendance |
|----------------|----------|--------|---------------------|
|----------------|----------|--------|---------------------|

Residency/Fellowship Training:

| Specialty | Program Name | Location | Dates of Training |
|-----------|--------------|----------|-------------------|
| Specialty | Program Name | Location | Dates of Training |
| Specialty | Program Name | Location | Dates of Training |

Please explain any gaps in time from medical school to the present not included above:

References:

Please provide 3 letters of reference.

A letter of recommendation is required from ALL POSTGRADUATE TRAINING programs. These letters must include beginning and ending dates of training.

| Name | Title |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Personal Statement: A personal statement outlining your academic objectives must be attached.

Transcript: An official transcript must be sent directly from your medical school.

Publications/Honors/Awards: Please attach your Curriculum Vitae.

The information I have provided on this application is complete and accurate.

Signature of Applicant: _____

****Required Attachments:**

- Curriculum Vitae
- Personal Statement