

REFERENCES

Below please list the names of 3 references. Note that all letters of reference must be submitted directly by the author (email is acceptable and preferred), and at least one of the letters must be from your Residency Program Director.

<u>Name</u>	<u>Title</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXAMINATION/CERTIFICATION/LICENSURE

Have you taken and passed all 3 steps of the USMLE/COMLEX-USA? Yes No

If not, when do you intend to (re)take the exam? _____

If yes, please enter your scores: Step 1 _____ Step 2(CK) _____ Step 2(CS) _____ Step 3 _____
USMLE/COMLEX # _____

Do you have a license to practice medicine? Yes No If yes, in which state? _____ License #: _____
An unrestricted NYS Physician licensure is required to participate.

U.S. WORK AUTHORIZATION

Authorized to work in US: Yes No

Will you now or in the future require sponsorship for employment authorized visa status? Yes No

Program Requirements/Offerings:

- Applicants who attended medical school outside the US must have an ECFMG certificate
- J-1 sponsorship through ECFMG for a non-standard training program can be considered for qualified applicants
- H-1B sponsorship is not offered

ADDITIONAL INFORMATION*

Have you ever been denied a medical license or had your license revoked, limited, restricted, or suspended?

Yes No

Have you ever been placed on academic probation in medical school or residency training?

Yes No

Have you ever been dismissed from an appointment to medical school, residency, fellowship or professional employment?

Yes No

Have you ever resigned from any employment position, including a residency or fellowship program?

Yes No

Do you have any pending or previous professional misconducts?

Yes No

Have you ever been convicted of a felony or misdemeanor and/or do you currently have any pending criminal charges?

Yes No

Medical Education/Training Extended or Interrupted?

Yes No

* Please explain any affirmative answers on a separate sheet

I certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission.

Applicant signature: _____ (Electronic signature is acceptable)

Print name: _____

Date: _____