

Name: _____
(Last) (First) (Middle)

Social Security Number: _____ Email: _____

Address: _____

Telephone Numbers: Home: _____ Cell: _____

Undergraduate Education

(List every post-secondary college in which you were ever enrolled.)

Undergraduate College(s) and Location	Date(s) Attended		Degree
	From (Mo/Yr)	To (Mo/Yr)	

Medical Education

(List every medical school in which you were ever enrolled, including International Didactic Training.)

Medical School(s) and Location	Date(s) Attended		Degree
	From (Mo/Yr)	To (Mo/Yr)	

Graduate Education/Residency Training

(List all prior graduate education or residency training in which you were ever enrolled.)

School(s)/Hospital(s) and Location	Date(s) Attended		Type of Training	PGY
	From (Mo/Yr)	To (Mo/Yr)		

1. **Residency/Fellowship Programs:** *(Please select from drop down):*

2. **Level of Training Requested:**

- PGY-1
 PGY-2
 PGY-3
 PGY-4
 PGY-5
 PGY-6
 PGY-7
 PGY-8

3. **Application for Training: (PGY-1) June** _____ **(PGY-2 and above) July** _____ **(Fellowship) August** _____
(year) (year) (year)

4. Examination Scores: *(Must provide copy of official results.)*

USMLE: Step I: _____ Step II (CK): _____ Step II (CS): _____ Step III: _____
COMLEX: Step I: _____ Step II (CE): _____ Step II (PE): _____ Step III: _____
NBPME: Step I: _____ Step II (CE): _____ Step II (CS): _____ Step III: _____

5. Licensure: _____
State Number Type Expiration Date

6. ECFMG: *(Must provide a copy of ECFMG certificate.)*

7. Visa Information: *(H1-B not accepted)* J-1 or EAD: _____ Expiration Date: _____ (Copy Required)

8. Citizenship: *(Must provide a copy of passport or birth certificate.)*

9. Please Answer the Following Questions:

- A. Have you ever been denied a license to practice medicine or eligibility to sit for a licensing exam in this state or any other state? Yes No
- B. Have you ever been denied eligibility to participate in a graduate medical education program in this state or any other state? Yes No
- C. Have you ever been asked to resign, or have you ever been discharged/terminated from a graduate medical education program? Yes No
- D. Do you currently have pending misdemeanor or felony charges pending in this state or any other state? Yes No
- E. Are you now, or have you ever been the subject of a criminal proceeding in this state or any other state? Yes No
- F. Have you ever had your privilege to participate in any state or federal medical assistance program (i.e. Medicare, Medicaid) curtailed or limited by any regulatory authority? Yes No
- G. Are you able to carry out the responsibilities of a resident/fellow in the specialty of application, including the functional, cognitive, interpersonal, communication and attendance requirements with or without reasonable accommodations?..... Yes No

(If you answered yes to any of the above questions, please attach a written detailed explanation.)

- 10. Letters of Recommendation:** Three letters of recommendation are required. PGY-1 must include one letter from the Dean and two others. PGY-2 and higher must provide a letter from the program director and two others. Contact your program coordinator for any additional required documents.
- 11. Transcripts /Diplomas:** Must provide official medical school transcript conferring date degree awarded and notarized copy of medical school diploma. Copy of Certificate of completion for all residency programs
- 12. Curriculum Vitae:** Submit a CV to include a list of all activities chronologically, with the month and year of the start of medical education to the present. Include all periods of unemployment and/or gaps in training greater than 30 days.
- 13.** I understand that the information on this application is subject to verification by Cooper University Hospital. I hereby authorize Cooper to do so and I further authorize all institutions, individuals, hospitals, or organizations to release any information requested. I hereby release from liability and damages those institutions, individuals, hospitals, and organizations who provide such information. I certify that all information provided herein is true and correct. Falsification, misrepresentation, or omissions from this application will be cause for immediate termination.

Signature of Applicant: _____ Date: _____

Return completed application, education documents, and letters of recommendation to:

Program Administrator; Department in which training is requested.

