

APPLICATION FOR CAHABA-UAB INTEGRATED FAMILY MEDICINE RESIDENCY

PERSONAL DATA

Last Name:	First:	Middle:	Preferred Phone #: ()
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ___/___/___ MM DD YYYY		SS#:
Street Address:			City, State, Zip
Are you a member of the US Military or reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, will you have ongoing duty requirements Post doctorate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MEDICAL EDUCATION

Medical School Name / Campus	City, State	<u>Start Date</u>	<u>Anticipated Completion</u>
Has your medical education been extended or interrupted? <input type="checkbox"/> Yes <input type="checkbox"/> No		If remediation was required, in what area?	

USMLE SCORES

USMLE SCORES	STEP 1	STEP 2 CK
Score :		
Attempts :		
Planned Date or Date taken if pending scores :		

List volunteer and/or research experience

Briefly list any significant work experience prior to your medical training including occupation & dates

Briefly describe any organized medicine experience and/or offices held

List any significant academic achievements, honors, and awards

Please describe your future practice plans / career goals

ADDITIONAL REQUIREMENTS:

- Letters of recommendation from 3 people you have worked with during your medical training.
- UASOM letter of standing (you must request this from the Office of Medical Education)
- Personal Statement

Are you aware of any limitations, mental or physical, which may prevent you from performing the duties of the program for which you are applying? Yes No If yes, please attach additional explanation

- I certify that the information I have provided herein is accurate and complete to the best of my knowledge.
- I authorize the Cahaba-UAB Integrated Family Medicine Residency Committee permission to review my academic record(s) as it correlates to my acceptance and participation in the program
- I understand that acceptance into Cahaba-UAB Integrated Family Medicine Residency Program does not guarantee acceptance into the Cahaba-UAB Integrated Family Medicine Residency Program and that residency positions may only be obtained by applying through ERAS and matching through the NRMP
- My signature below denotes my intention to abide by the Cahaba-UAB Integrated Family Medicine Residency Program requirements and my understanding that a failure to do so may result in my dismissal from the Cahaba-UAB Integrated Family Medicine Residency Program

Signature: _____

Date: _____