



Graduate Training Program in Emergency Medicine For Primary Care Physicians

Application

Name: _____ Email: _____

Address: _____ Phone: _____

Do you have the legal right to work in the United States? Yes No

Residency Program

Name: _____ Phone: _____

Address: _____

Program Director's Name: _____

Date Entered: _____ Graduation Date: _____

Are you Board Certified/Eligible? Yes No

If no, why? _____

Honors/Awards: _____

Have you participated in any other residency programs? Yes No

If yes, please list: _____

Medical School

Name: _____ Phone: _____

Address: _____

Date Entered: _____ Date Graduated: _____

Honors/Awards: _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, incomplete, false or misleading statements on this application shall be grounds for dismissal at any time in the future.

I authorize investigation of all statements contained herein and any personnel listed above to give you all information concerning my previous employment and education along with any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

Signature _____

Date _____

Other Requirements

- Photo
- 3 Letters of Recommendation
 - One must be from your Program Director
- Personal Statement
 - Must include why you are pursuing further training in Emergency Medicine
- CV
- USMLE Transcript, if applicable
- ECFMG Status Report, if applicable