

UCSF Department of Urology Application

Fellowship You Are Applying For: _____
Fellowship Year (e.g. 2017-18): _____

Date: _____

PERSONAL INFORMATION

| | | | |
|------------|----------------|--------------------|--------------------------------------|
| Last Name | | First Name | Middle |
| Address | | City/State/Country | Zip/Mail Code |
| Cell Phone | Email Address: | | Social Security No.* |
| Birthdate | Gender | Citizenship | Visa Type & Exp Date (attach copy)** |

Have you ever been convicted of a felony? Yes No
Will you need sponsorship to obtain or extend work authorization in the US? Yes No
If yes, are you certificated by the ECFMG? Yes No

* Must possess [US SSN](#) the Jan before your start date.

** UCSF accepts J1 visas and H1B **transfers** only. UCSF does not sponsor initial H1B visas for clinical appointments

EDUCATION

Medical School

| Institution Name | City, State/Country | Dates |
|------------------|---------------------|-------|
|------------------|---------------------|-------|

Is your Medical School Approved by the CA Medical Board? Yes No
Search the [CA Med Board](#) website to see if your school is approved

Residency Training

| Post Grad Years | Institution Name | City, State/Country | Dates |
|-----------------|------------------|---------------------|-------|
|-----------------|------------------|---------------------|-------|

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UCSF Department of Urology Application

Fellowships (List all Fellowships)

| Urology Fellowship | Institution Name | City, State/Country | Dates |
|--------------------|------------------|---------------------|-------|
| | | | |
| | | | |
| | | | |

For International Medical Graduate (IMG) applicants:

Do you have 24 months of ACGME or RCPSC training? [] Yes [] No
 Search the appropriate website for a list of accredited programs: [ACGME](#) [RCPSC](#)

Please list the 24 months of ACGME or RCPSC training:

| Institution | City State/Country | Dates |
|-------------|--------------------|-------|
| | | |
| | | |

EXAMINATIONS

For US and IMG applicants

| <u>Exams</u> | <u>Dates Taken</u> | <u>Passed</u> | <u>Score</u> |
|------------------|--------------------|----------------|--------------|
| USMLE Step I | _____ | [] Yes [] No | _____ |
| USMLE Step II CS | _____ | [] Yes [] No | _____ |
| USMLE Step II CK | _____ | [] Yes [] No | _____ |
| USMLE Step III* | _____ | [] Yes [] No | _____ |

For Canadian applicants:

| <u>Exams**</u> | <u>Dates Taken</u> | <u>Passed</u> | <u>Score</u> |
|----------------|--------------------|----------------|--------------|
| MCCQE Part I | _____ | [] Yes [] No | _____ |
| MCCQE Part II | _____ | [] Yes [] No | _____ |

*A passing score on Step III is required to obtain a CA Med License.

**The [CA Medical Board](#) accepts Canadian licensing examinations in lieu of the USMLE exam.

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LICENSURE

For applicants who already possess a medical license:

State of licensure: _____

Med License Number _____

Med License Expiration Date _____

DEA Registration Number _____

DEA Registration Expiration Date _____

National Provider Identification No: _____

REFERENCES

UCSF require all applicants to submit at least 3 letters of references.

Name and Title

Name and Title

Institution & phone number

Institution & phone number

Email Address

Email Address

Name and Title

Institution & phone number

Email Address

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OTHER

All applicants must complete the following forms in the event that they are invited for an interview.

Liability Form: <http://rmis.ucsf.edu/sites/rmis.ucsf.edu/files/wysiwyg/Indiv%20elective%20activity%20waiver.pdf>

Confidentiality Form: <http://hipaa.ucsf.edu/sites/hipaa.ucsf.edu/files/confidentialitystatement2015.pdf>

Sign, date, and return these forms along with your application. We will complete any other missing information.

Please provide a photo with your application.

Signature Attestation Statement

I attest that this information is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may disqualify me for becoming a candidate in the fellowship program.

Signature _____ Date _____