

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

## EDUCATION

### Medical School

Institution Name	City, State/Country	Dates
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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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## **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 forms in the event that they are invited for an interview.

***Liability Form: attached***

***Confidentiality Form: attached***

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 \_\_\_\_\_

Participant's name:  Please Print

UNIVERSITY OF CALIFORNIA,

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date

\_\_\_\_\_  
Signature of Participant      Date

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date  
Participant's Age (if minor) \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant      Date

# UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CONFIDENTIALITY OF PATIENT, EMPLOYEE AND UNIVERSITY BUSINESS INFORMATION AGREEMENT

## STATEMENT OF PRIVACY LAWS AND UNIVERSITY POLICY

It is the legal and ethical responsibility of all UCSF faculty, staff, house staff, students, trainees, volunteers, and contractors to use, protect, and preserve personal and confidential patient, employee, student, and University business information, including medical information for clinical or research purposes (referred to here collectively as “Confidential Information”), in accordance with state and federal laws and University policy.

Laws controlling the privacy of, access to, and maintenance of Confidential Information include, but are not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), the HIPAA Final Omnibus Rule, the California Information Practices Act (IPA), the California Confidentiality of Medical Information Act (CMIA), and the Lanterman- Petris-Short Act (LPS), and the Family Educational Rights and Privacy Act of 1974 (FERPA). These and other laws apply whether the information is held in electronic or any other format, and whether the information is used or disclosed orally, in writing, or electronically.

University policies that control the way Confidential Information may be used include, but are not limited to, the following: UCSF Medical Center Policies 05.01.04 and 05.02.01, LPPI Policies, UCSF Policy 650- 16 Minimum Security Standards, UCSF Policy 130-00 Disclosure of Information from Student Records, UC Standards of Ethical Conduct--University Resources, UC Personnel Policies PPSM 80 and APM 160, applicable union agreement provisions, and UC Business, UC Business and Finance Bulletin IS-3 Electronic Information Security, and Finance Bulletin RMP 8.

“Confidential Information” includes information that identifies or describes an individual, the unauthorized use, access or disclosure of which (a) is prohibited by federal or state laws, or (b) would otherwise constitute an unreasonable invasion of personal privacy. Examples of confidential employee and University business information include home address, telephone number, medical information, date of birth, citizenship, social security number, spouse/partner/relative names, income tax withholding data, performance evaluations, proprietary/trade secret information, and peer review/risk management information and activities. Most information in student records is confidential.

“Medical Information” includes the following no matter where it is stored and no matter the format: medical and psychiatric records, photos, videotapes, diagnostic and therapeutic reports, x-rays, scans, laboratory and pathology samples, patient business records (such as bills for service or insurance information), visual observation of patients receiving medical care or accessing services, and verbal information provided by or about a patient. Medical Information, including Protected Health Information (PHI), is maintained to serve the patient, health care providers, health care research, and to conform to regulatory requirements.

Unauthorized use, disclosure, viewing of, or access to Confidential Information in violation of state and/or federal laws may result in personal fines, civil liability, licensure sanctions and/or criminal penalties, in addition to University disciplinary actions.

## **University Privacy Policy and Acknowledgement of Responsibility**

I understand and acknowledge that:

- It is my legal and ethical responsibility as an authorized user to preserve and protect the privacy, confidentiality and security of all Confidential Information relating to UCSF, its patients, students, activities and affiliates, in accordance with applicable laws and University policy.
- I will access, use and disclose Confidential Information only in the performance of my University duties, when required or permitted by law, and disclose information only to persons who have the right to receive that information. When using or disclosing Confidential Information, I will use or disclose only the minimum information necessary.

- I will discuss Confidential Information for University-related purposes only. I will not knowingly discuss any Confidential Information within hearing distance of other persons who do not have the right to receive the information. I will protect Confidential Information which is disclosed to me in the course of my relationship with UCSF.
- Special legal protections apply to and require specific authorization for release of mental health records, drug abuse records, and any and all references to HIV testing, such as clinical tests, laboratory or others used to identify HIV, a component of HIV, or antibodies or antigens to HIV. I will obtain such authorization for release when appropriate.
- My access to all University electronic information systems is subject to monitoring and audits in accordance with University policy.
- My User ID(s) constitutes my signature and I will be responsible for all entries made under my User ID(s). I agree to always log off of shared workstations.
- It is my responsibility to follow safe computing guidelines.
  - I will use **encrypted** computing devices (whether personal or UCSF-owned), such as desktop computers, laptop computers, tablets, mobile phones, flash drives, and external storage, **for any UCSF work purpose** which involves the use, exchange, or review of Protected Health Information or Personally Identifiable Information, including but not limited to, clinical care, quality reviews, research, educational presentations/conferences, and financial or personnel-related records. Encryption must be a UCSF-approved solution.
  - **I may be personally responsible** for any breach of confidentiality resulting from an unauthorized access to data on an unencrypted device due to theft, loss or any other compromise. I will contact the UCSF IT Service Desk at (415) 514-4100 for questions about encrypting my computing device.
  - I will not share my **Login or User ID and password** with any other person. If I believe someone else has used my Login or User ID and password, I will immediately report the use to the UCSF IT Service Desk at (415) 514-4100 and request a new password.
- Under state and federal laws and regulations governing a patient's right to privacy, unlawful or unauthorized access to or use or disclosure of patients' Confidential Information may subject me to civil fines for which **I may be personally responsible**, as well as criminal sanctions. Under University policy, I may also be subject to disciplinary action up to and including immediate termination from my employment/professional relationship with UCSF.

**By signing below:**

- **I attest that I have encrypted or will encrypt all of my personal computing devices before using them for any UCSF work purpose, unless I have an encryption exception approved by the UCSF Information Security Officer. I will not use an unencrypted computing device for UCSF work purposes without an approved exception.**
- **I attest I have read, understand, and acknowledge all of the above STATEMENTS OF UNIVERSITY PRIVACY POLICY and the ACKNOWLEDGEMENT OF RESPONSIBILITY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
UCSF Department

\_\_\_\_\_  
UCSF Employee Number

\_\_\_\_\_  
Signature of Manager or UCSF Representative

Non-UCSF Employee

\_\_\_\_\_  
Print Manager or UCSF Representative Name