

Duke University Medical Center

And
AFFILIATED INSTITUTIONS

APPLICATION FOR TRAINING
(Residency / Clinical Fellowship)

A passport size photo,
signed on the back, if
not provided at the time
of application will be
required when coming
for an interview.

LAST

Training at the _____ year level in the Department of _____.
1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th

Preferred Effective Date of Appointment: _____

NAME: _____

(LAST)

(FIRST)

(MIDDLE)

PRESENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: _____ SOCIAL SECURITY NO. _____

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PRESENT STATUS: _____
(TITLE) (DEPARTMENT) (INSTITUTION)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(MO) (DAY) (YEAR) (CITY) (STATE/COUNTRY)

CITIZENSHIP: _____

IF NOT U.S. CITIZEN, TYPE OF VISA: _____

FIRST

MIDDLE

NAME AND ADDRESS OF SPOUSE OR NEAREST RELATIVE:

LIST ANY REASONS, IF ANY THAT WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF A HOUSE OFFICER. IF ANY, PLEASE EXPLAIN

EDUCATIONAL BACKGROUND: Please request the Dean of the Medical School you attended to send a letter and a transcript of your grades.

COLLEGES AND UNIVERSITIES ATTENDED (Include Dates and Degrees):

MEDICAL SCHOOL (Include Dates): _____

ACADEMIC HONORS (College and Medical School): _____

PROFESSIONAL EXPERIENCE:

INTERNSHIP (Include Hospital and Location; whether Rotating, Mixed, or Straight; and Dates):

RESIDENCY (Include Hospital and Location, Specialty and Dates):

POSTGRADUATE TRAINING OTHER THAN ABOVE (Fellowship, Courses in Basic Science,

Summer Research, etc. Include Location, Type of Activity, and Dates): _____

MEMBERSHIP IN SCIENTIFIC AND PROFESSIONAL ORGANIZATIONS: _____

HAVE YOU BEEN PARTY TO ANY MALPRACTICE LIABILITY CLAIMS, SUITS, AND/OR SETTLEMENTS?

Yes ____ No ____ (If yes, please attach a summary)

LICENSURE: Are you currently licensed to practice medicine? ____ if so, please indicate:

State: _____ License Number: _____

Has your license ever been suspended, revoked, or voluntarily surrendered? Have you ever been disciplined, in any way, by a

Licensing board? If so, Please explain: _____

CRIMINAL RECORD: Have you ever been convicted of a crime, other than a minor traffic violation: If so, please explain:

REFERENCES (Please submit names and addresses of three physicians who are acquainted with your academic and/or

Professional experience and your personal character): _____

MILITARY EXPERIENCE:

ACTIVE DUTY IN ARMED FORCES (Include Rank, Branch of Service, and Dates): _____

RESERVE OR NATIONAL GUARD STATUS: _____

ARE YOU OBLIGATED, THROUGH A HEALTH PROFESSIONS LOAN, FOR MILITARY OBLIGATION?

COMMENTS (Please indicate any special experience or qualifications not covered in this form):

FUTURE PLANS: (Describe your program for continued training)

“In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Duke University does not discriminate on the basis of race sex, religion, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University -administered programs; or employment. Inquires or complaints should be directed to the House Staff Office, Duke University Medical Center

If I accept the appointment on the House Staff of Duke University Medical Center. I agree to serve the full term and to abide by the rules and regulations of the Medical center and Service to which I am attached.

I certify that the information provided in this application is true and correct.

SIGNATURE OF APPLICANT: _____

DATE: _____

Appointment to House Staff is made by the Hospital on the recommendation of the Chief of Service and is for one year only.