

Honors _____ Degree _____

Current Employment/training _____

List chronologically your activities from the time of graduation from medical school *to the present*. Specify type of internship or post-MD specialty training.

<u>From/To</u>	<u>Activity</u>	<u>Place</u>	<u>Degree, If any</u>	<u>Program Director</u>

Membership in professional societies and others _____

4. MILITARY OBLIGATIONS

In reserves? _____ If yes, what branch? _____ Dates of Commitment _____

5. LETTERS OF REFERENCE

At least three letters of reference are required. One must be from the Residency Director of your Residency Training Program and at least two others should be from physicians who have observed or supervised you during residency or other recent training program, as applicable.

List below the names of all your references and have them write directly to us.

1. _____
Name Address City State Zip
2. _____
Name Address City State Zip
3. _____
Name Address City State Zip

Others: _____

6. CITIZENSHIP (Complete if applicable)

IF A NATURALIZED CITIZEN: Naturalization Certificate Number _____

Location _____ Date _____

IF NOT A U.S. CITIZEN:

Immigrants

Alien Registration Card No. _____ Expiration Date _____

Non-Immigrant Aliens

Visa Number _____ Type of Visa _____

Expiration Date _____ Nationality _____

Refugees

If you do not have an alien registration card or a visa, please send us a copy of the card attached to your passport by the Immigration Service and complete the section below:

Country that issued your passport _____

Passport No. _____ Current status _____

Are you a graduate of a foreign medical school? _____

If yes, please give name of school and year of graduation _____

ECFMG Number _____ Standard or Interim _____

Have you passed the Visa Qualifying Exam (VQE) _____ Date of VQE _____

Have you received licensure from a country other than U.S. _____

If so, Country _____ Province _____ Date _____

International Medical Graduates who are not native American English speakers MUST complete the Test of the Spoken English Language. You must attain at least a score of 55 on this examination or your application for residency cannot be considered. Evidence of achievement of this score or higher must be submitted or your application will not be considered. You can obtain information about this test from the following website: <http://www.toefl.org/abtse.html>

7. Please attach a brief paragraph about your goals as a future Pediatric Anesthesia specialist or please include your goals in your personal statement.

ENCLOSE WITH THIS APPLICATION:

Recent Photograph (Passport Type)

Current Curriculum Vitae

Personal Statement

If Applicable: Copy of ECFMG certificate
Copy of Visa (for Non-Immigrant Alien)
Copy Alien registration Card (for Immigrant Non-Citizen)

Please email your application packages to our Fellowship Program Coordinator, Breanna Sweet, at bsweet@anest.ufl.edu and our Assistant Director for Education Administration, Julianne Veal, at jveal@anest.ufl.edu

Signature of Applicant

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