RESIDENCY/FELLOWSHIP APPLICATION

SELECT PROGRAM:

__ Geriatrics	__ DFW Dermatology
__ Palliative Medicine	__ South Texas Dermatology
__ NMM/Plus 1	__ NMM/OMT

NAME: _____ **SS #:** _____

ADDRESS: _____ **PHONE:** _____

_____ **EMAIL:** _____

_____ **DATE OF BIRTH:** _____

MEDICAL SCHOOL: _____

YEAR OF GRADUATION: _____ **AOA NUMBER:** _____

CURRENT PROGRAM: _____ **GRADUATION DATE:** _____

PROGRAMDIRECTOR/COORDINATOR:_____

Have you ever been prosecuted for or convicted of a felony or a misdemeanor, excluding minor traffic violations but including driving while intoxicated or under the influence? Please include any deferred adjudication, deferred prosecution, or plea of no contest/no lo contendre. __ YES __ NO

Are any such felony or misdemeanor proceedings pending? __ YES __ NO

Have you ever been subject of a report to the National Practitioner Data Bank? __ YES __ NO

To complete your file, please submit copies of your medical school transcript, COMLEX/USMLE scores, Dean's letter of recommendation as well as three letters of recommendation from attending faculty (one letter of recommendation must be from your current internship/residency director and the directors of any prior postdoctoral training programs in which you have participated.

I hereby authorize any prior employees to provide such information regarding my employment with them as may be requested. I further authorize the registrar/placement office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. Additionally, I authorize any licensing board in any jurisdiction to release full information concerning my license status and my licensure history.

APPLICANT SIGNATURE: _____ **DATE:** _____