

GME Non-Accredited Application for programs that do not use ERAS and transfers

Application to GME Program: _____

At the PGY _____ (postgraduate year) level, to begin training July 1, _____ or _____

Do you have signed a current agreement with the National Resident Matching Program (NRMP)? _____

If yes, provide NRMP ID: _____

Yes or No

Personal Information

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code Country

Alternate: _____
Number Street City State Zip Code Country

Email: _____ Preferred Phone Number: _____

Do you require visa sponsorship to legally work in the United States? _____ ECFMG Number: _____
Yes or No

If visa holder, Type: _____ Date first Obtained: _____ Expiration Date: _____

Education

Medical School: _____
Institution & Location Degree Year Complete

Internship: _____
Institution & Location Program Start Date End Date

Residency: _____
Institution & Location Program Start Date End Date

Fellowship: _____
Institution & Location Program Start Date End Date

Other Information

USMLE/COMLEX/APMLE Scores: Step 1 _____ Step 2 _____ Step 3 _____

Medical Licensure: _____
Number State Date Issued Expiration Date Type (Educational or Full)

Have you ever been denied a license to practice medicine, or had your license restricted in any way? _____
If yes, attach explanation Yes or No

Please list all States that you have held a Medical License in: _____

Required Attachments

- Curriculum Vitae – Signed & Dated
- Personal Statement
- USMLE Transcripts
- Letters: (1) Program Director and (2) additional faculty member
- ECFMG Certificate (if applicable)

I certify that the information contained in my application and attachments is complete and accurate to the best of my knowledge. I understand that false or misleading information may disqualify me from consideration.

Signature: _____ Date: _____