



DARTMOUTH-HITCHCOCK MEDICAL CENTER

Application for Residency/Fellowship Training

Applicant Information		
Name:	_____	_____
	Last	First MI
Application To:	_____	
	Training Program Name	
Program Level:	_____	Date Available: _____

Attach Photo Here (Optional)

Contact Information		
Current Mailing Address:	_____	_____
	Street or P.O. Box	City, State and Zip
Permanent Mailing Address:	_____	_____
	Street or P.O. Box (where you can always be reached; parents, etc.)	City, State and Zip
Personal Phone #:	_____	Business Phone #: _____
Fax Number:	_____	Email Address: _____

Education		
College:	_____	Attended from: _____ through _____
Date Degree Received:	_____	
Medical School:	_____	Attended from: _____ through _____
Date Degree Received:	_____	

Previous Training		
Fellowship	_____	_____
	Program	Facility Dates of Attendance
Residency	_____	_____
	Program	Facility Dates of Attendance
Internship	_____	_____
	Program	Facility Dates of Attendance

Licensing Examination Information		
USMLE Scores:	Step One _____	Date of Completion _____
	Step Two _____	Date of Completion _____
	Step Three _____	Date of Completion _____

Please check with the program to which you are applying to confirm the supporting documentation that is required. At minimum, please include the following:

1. Current Curriculum Vitae
2. Valid Standard ECFMG Certificate (if applicable).
3. Medical School Dean's Letter
4. Medical School Transcript

Please answer all of the following questions. If instructed, please explain any "YES" answers in the space provided. If necessary, provide attachment.

1. Are you legally eligible for employment in the United States? (All employees, within three days of employment, are required to furnish documents in original form which prove identity and the legal right to work in the U.S.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you require sponsorship for employment visa status (e.g. J-1, H-1B transfer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been excluded, suspended, debarred or otherwise ineligible to participate in federal health care programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, have you been reinstated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you voluntarily resigned or withdrawn from any hospital or licensed facility due to professional misconduct, incompetence or negligence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any hospital or licensed facility restricted or terminated your professional training, employment or privileges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever been the subject of professional misconduct proceedings or received notice of any impending actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been convicted of a criminal offense, either misdemeanor or felony other than minor traffic violations? If you answered yes, give dates and explain. Date of conviction(s): _____ Explanation: _____ (Note to Applicant: A conviction record will not necessarily bar you from employment. We will consider factors such as age when the offense occurred, the recentness of the offense, the seriousness and nature of the violation, the nature of the position applied for and any rehabilitation undergone.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you presently charged with (pending charges but not convicted) any misdemeanor or felony violations of law other than minor traffic violations? If you answered yes, please provide details. Details of pending charges: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, as an applicant for a residency or fellowship position with Mary Hitchcock Memorial Hospital at Dartmouth-Hitchcock Medical Center, understand and agree to all of the following items as a condition of submitting my application:

- (1) Misrepresentation or omission of material information from my employment application, my C.V., or other documents related to my application, may result in rejection of my application or, if I am hired, termination of my employment.
- (2) By submitting this disclaimer, I affirm that I am (or will be) legally authorized to work in the United States no later than my date of hire. As provided by law, all persons hired will be required to provide, within three days of commencing work, documents verifying identity and legal right to work in the United States.
- (3) Effective July 1, 2008, DHMC is a Tobacco Free workplace. It is a violation of DHMC policy to use tobacco products on DHMC properties, whether leased or owned.
- (4) MHMH is an equal employment opportunity employer. It is the policy of MHMH to provide equal opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, sex, age, sexual orientation, national origin, disability, handicap, veteran or other legally protected status.
- (5) In submitting my application, I am consenting to MHMH obtaining and considering background information concerning me, including but not limited to verification of my identity, a criminal background check, verification of my employment history, and contacting personal and professional references.
- (6) MHMH will require job applicants to take a test for drug and alcohol screening as part of the selection process. Additionally, pursuant to DHMC policy, employees may be subject to drug testing at any time, with or without cause or notice.
- (7) All offers of employment are contingent upon DHMC's review of information obtained from background checks and tests. DHMC reserves the right to withdraw an offer of employment, or terminate employment, based on such background information.

Signature

Date