

Application for Residency/Fellowship Training

Applicant Information																													
Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First MI </div> Application To: _____ <div style="text-align: center; font-size: small;">Training Program Name</div> Program Level: _____ Date Available: _____	Attach Photo Here <i>(For program use only, post interview offer acceptance)</i>																												
Contact Information																													
Current Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street or P.O. Box City, State Zip Code </div> Permanent Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street or P.O. Box City, State Zip Code </div> Personal Phone Number: _____ Personal Email Address: _____																													
Education																													
College: _____ Attended from: _____ through _____ Date Degree Received: _____ Medical School: _____ Attended from: _____ through _____ Date Degree Received: _____																													
Previous Training																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Fellowship:</td> <td style="width: 33%;">_____</td> <td style="width: 33%;">_____</td> </tr> <tr> <td></td> <td style="font-size: small;">Program</td> <td style="font-size: small;">Institution</td> </tr> <tr> <td></td> <td></td> <td style="font-size: small;">Dates of Attendance</td> </tr> <tr> <td>Residency:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="font-size: small;">Program</td> <td style="font-size: small;">Institution</td> </tr> <tr> <td></td> <td></td> <td style="font-size: small;">Dates of Attendance</td> </tr> <tr> <td>Internship:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="font-size: small;">Program</td> <td style="font-size: small;">Institution</td> </tr> <tr> <td></td> <td></td> <td style="font-size: small;">Dates of Attendance</td> </tr> </table>			Fellowship:	_____	_____		Program	Institution			Dates of Attendance	Residency:	_____	_____		Program	Institution			Dates of Attendance	Internship:	_____	_____		Program	Institution			Dates of Attendance
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Licensing Examination Information																													
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Please check with the program to which you are applying to confirm the supporting documentation that is required. At a minimum, please include the following: <ol style="list-style-type: none"> 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.

<p>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.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Do you require sponsorship for employment visa status (e.g. J-1, H-1B transfer)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Have you ever been excluded, suspended, debarred, or otherwise ineligible to participate in federal health care programs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If yes, have you been reinstated?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Have you voluntarily resigned or withdrawn from any hospital or licensed facility due to professional misconduct, incompetence, or negligence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Have you ever been the subject of professional misconduct proceedings or received notice of any impending actions?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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.</p> <p style="margin-left: 20px;">Date of conviction(s): _____</p> <p style="margin-left: 20px;">Explanation: _____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p>(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.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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.</p> <p style="margin-left: 20px;">Details of pending charges: _____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, as an applicant for a residency or fellowship position with Dartmouth Health 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, Dartmouth Hitchcock Medical Center (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) Dartmouth Health is an equal opportunity employer. It is the policy of Dartmouth Health 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 Dartmouth Health 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) Dartmouth Health 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