PLEASE HAVE REGISTRAR OF MEDICAL SCHOOL SEND TRANSCRIPT OF GRADES

GRADUATE MEDICAL EDUCATION AND EXPERIENCE:

Include type of internship, residency and/or fellowship experience, military service with dates and rank. Account for all years since M.D. degree received, using additional sheet if necessary.

Present Status: _____

LICENSURE:

List states in which licensed to practice: _____ _____

_____ _____

Please provide U.S.M.L.E. Scores and I.D. Number: Part 1 Date _____ Score _____

Part 11 Date _____ Score _____

Part 111 Date _____ Score _____

ECFMG Certificate Number (*if applicable*): _____

REFERENCES AND TRANSCRIPT:

A minimum of three letters of reference (preferably from clinical teachers) **plus** a letter from the Dean of your medical school are required. Advanced level applicants must also submit letters from the Program Directors of any current or previous residencies, plus letter(s) from one or more current clinical supervisors. The responsibility for securing letters of reference rests with the applicant and all letters should be forwarded directly to the Program Director of the training program in which the applicant is interested. Please list the names, titles, academic affiliations, addresses and telephone numbers of the individuals from whom we may expect letters of reference.

PRE-EMPLOYMENT STATEMENT:

I certify that the information provided on this application and all other information otherwise furnished, including the attach ed resume is true and correct. I understand that any incomplete, incorrect, false statement or misrepresentation may result in denial of employment or dismissal if I am hired. If hired, I understand that neither this application nor my status as an employee, shall create any employment contract or term, express or implied. I understand and agree that my employment is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time, with or without cause, and without previous notice. I acknowledge and understand that no one except the President or his/her designee can alter or change (verbally or otherwise) any of the provisions contained in his/her handbook and that any changes in this handbook can only be made by the President or his/her designee in writing. I understand that all offers of employment are conditional upon receipt of satisfactory references and my satisfactory completion of a post-offer/pre-employment medical examination. I authorize my former employers and schools to give any information regarding my employment or schooling. I hereby release Fletcher Allen Health Care, and any persons or organizations that provide information, from all legal responsibilities or liability that may arise from an investigation of my employment and schooling or from providing information. I further understand that if a conditional offer of employment is made, Fletcher Allen Health Care will file separate written requests for my record of convictions with the Commissioner of the Department of Aging and Disabilities and that any conditional offer is contingent upon the results of that investigation. I agree to submit signed written releases permitting the commissioner to check the record of my criminal convictions. Information released to Fletcher Allen Health Care pursuant to this request shall not be released or disclosed to any person.

APPLICANT SIGNATURE: _____ DATE: _____