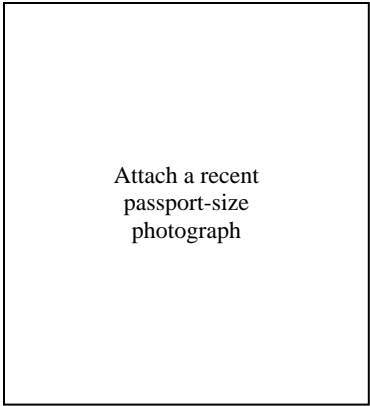


**APPLICATION FOR POSTGRADUATE
TRAINING IN GASTROENTEROLOGY**

The University of Texas Medical Branch
School of Medicine
Department of Internal Medicine
301 University Boulevard
Galveston, Texas 77555-0764

Application for 2008 - 2011



Name _____ **Social Security No.** _____

Present Address _____ **Phone** _____

Permanent Address _____ **Phone** _____

Date/Place of Birth _____ **Email** _____

Citizenship, if not U.S., type of Visa _____ **ECFMG Certificate No.** _____
** Please send copy of ECFMG certificate

College(s) and Non-Medical Graduate School(s), dates attended, degrees, location (state, country):

Medical School _____ Year of Graduation _____
**Please send a copy of your Medical School Transcripts, USMLE Scores, and Medical School Diploma

Academic honors, awards (e.g., Phi Beta Kappa, AOA) _____

House Staff Training:

Internship program _____ Location _____ Year _____

Residency program _____ Location _____ Year _____

Research Experience (projects, advisors, institutions and publications) _____

Extracurricular Activities _____

The mission of UTMB's GI Fellowship Program is to train Academic Gastroenterologists. During the 2nd and 3rd years, fellows engage in bench or clinical research.

Please provide a Personal Statement, on a separate sheet, including your ultimate professional goals and why you are a suitable candidate for our program. Elaborate on your interests using examples.

Please note: prior research experience is not mandatory to be considered for our program.

Letters of Recommendation:

1. _____
2. _____
3. _____

Signature of Applicant

Date

Daytime Telephone No. () -

Return application to:

Natha Nuckols

Program Coordinator

Division of Gastroenterology

The University of Texas Medical Branch

301 University Boulevard

Galveston, Texas 77555-0764

All application materials and recommendation letters must be received by **November 15, 2006.**

Examination History

<u>Examination</u>	<u>#Of Attempts</u>	<u>Most Recent Date Taken</u> (Mo/Yr)		<u>Date Passed</u> (Mo/Yr)	
USMLE Step 1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
USMLE Step 2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
USMLE Step 3	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
ECFMG (Basic)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
ECFMG (Clinical)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
ECFMG (English)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Other Examinations as applicable (such as FLEX, SPEX, LMCC, NBME, NBOME)

_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

If you have a state license please fill out the below:

State	License number
_____	_____
_____	_____
_____	_____

1. Have you ever been denied the privilege of taking an examination administered by a U.S state and /or Canadian Provincial licensing agency? YES NO (circle one) If yes, give full details _____

2. Have you ever failed any examination or part thereof, including FLEX, SPEX, LMCC, NBME, NBOME, USMLE, ECFMG, state licensing agency examination, as required by this state or any other U.S. state and/ or Canadian provincial licensing agency? YES NO (Circle one) If yes, give full details _____

I, _____ hereby certify under oath that the information is true and correct.

Signature of Applicant

Subscribed and sworn to before me this ____ day of _____, 20____

(Notary Seal)

(Notary Public)