

**UNIVERSITY OF MISSOURI-COLUMBIA
SCHOOL OF MEDICINE
INTEGRATED RESIDENCY APPLICATION
2012-2013**

PROGRAM APPLYING TO (Please circle one)

Family Medicine
Internal Medicine
Med/Peds
Neurology

Physical Medicine & Rehab
Pathology
Pediatrics
Psychiatry

GENERAL INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Address _____ City, State, Zip _____

Phone Number _____ Alternate Phone Number _____

Pager Number _____ E-mail Address _____

UNDERGRADUATE EDUCATION

Institution _____ Location _____

Major _____

Degree expected or earned _____

Dates of Attendance:

From: Month _____ Year _____

To: Month _____ Year _____

GRADUATE EDUCATION

Institution _____

Location _____ Major _____

Degree expected or earned _____

Dates of Attendance:

From: Month _____ Year _____

To: Month _____ Year _____

MEDICAL EDUCATION

Institution _____

Location _____

Degree _____ Degree Month _____ Degree Year _____

Dates of Attendance:

From: Month _____ Year _____

To: Month _____ Year _____

Clinical Rotations completed to date _____

Clinical Rotations to be completed by July 1, 2012 _____

WORK EXPERIENCE(S)

(1)

Organization _____

Position _____

Description _____

Reason for Leaving _____

Dates of Employment:

From: Month _____ Year _____

To: Month _____ Year _____

(2)

Organization _____

Position _____

Description _____

Reason for Leaving _____

Dates of Employment:

From: Month _____ Year _____

To: Month _____ Year _____

WORK EXPERIENCE(S) (CONTINUED)

(3)

Organization _____

Position _____

Description _____

Reason for Leaving _____

Dates of Employment:

From: Month _____ Year _____

To: Month _____ Year _____

VOLUNTEER EXPERIENCE(S)

(1)

Organization _____

Position _____

Description _____

Dates of Experience:

From: Month _____ Year _____

To: Month _____ Year _____

(2)

Organization _____

Position _____

Description _____

Dates of Experience:

From: Month _____ Year _____

To: Month _____ Year _____

(3)

Organization _____

Position _____

Description _____

Dates of Experience:

From: Month _____ Year _____

To: Month _____ Year _____

RESEARCH EXPERIENCE(S)

(1)

Organization _____

Position _____

Description _____

Dates of Experience:

From: Month _____ Year _____

To: Month _____ Year _____

(2)

Organization _____

Position _____

Description _____

Dates of Experience:

From: Month _____ Year _____

To: Month _____ Year _____

(3)

Organization _____

Position _____

Description _____

Dates of Experience:

From: Month _____ Year _____

To: Month _____ Year _____

PUBLICATIONS

(1)

Title _____

Authors _____

Publication _____

Month _____ Year _____ Volume _____ Pages _____

PUBLICATIONS (CONTINUED)

(2)

Title _____

Authors _____

Publication _____

Month _____ Year _____ Volume _____ Pages _____

(3)

Title _____

Authors _____

Publication _____

Month _____ Year _____ Volume _____ Pages _____

MEDICAL LICENSURE/EXAMINATIONS

Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges?

Yes _____ No _____

Reason _____

Any current malpractice case(s) pending? Yes _____ No _____

U.S. Medical Licensure Examination Step 1:

Pass _____ Fail _____ (Please indicate score)

U.S. Medical Licensure Examination Step 2:

Pass _____ Fail _____ (Please indicate score)

PERSONAL STATEMENT

Please attach your personal statement to this application.

OTHER INFORMATION

Are you able to carry out the responsibilities of a resident in the specialties and at the specific training program which you are applying including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodation?

Yes _____ No _____ No Response _____

Limiting Aspects _____

Was your medical education interrupted?

Yes _____ No _____

Reason _____

Medical School Honors/Awards _____

Organizational Memberships/Offices Held _____

Language Fluency (Other than English) _____

Hobbies and Interests _____

Other Accomplishments _____

I certify that the above statements are correct.

Applicant Signature _____ Date _____