

From: Tipton, Adam
Sent: Monday, February 17, 2014 1:59 PM
To: UMHS - MU Med School 2015
Cc: Reams, Mary; Brayer, Kimberly A.; Shettlesworth, Kimberly M.
Subject: Medicine Integrated Residency Program
Importance: High

Students,

We are now accepting applications for the **Medicine Integrated Residency** program up until **April 1, 2014**.

Required items

3 letters of recommendation along with the
Application or CV.

If you have any questions please feel free to contact me, thank you.

Adam Tipton
Medical Student and Resident Program Specialist
Department of Medicine
MA419
Direct: 573-884-1569
Main: 573-884-1606
Fax: 573-884-5690

**University of Missouri
School of Medicine
Medicine Integrated Residency Application**

General Information

Name:			
Address:			
City:	State:	Zip	
Phone:	Alternate Phone		
Email:			

Education

Undergraduate

Institution:				
Location:				
Major:				
Degree				
Dates Attended:				
	Month:		Year:	
	Month:		Year:	

Graduate

Institution:				
Location:				
Major:				
Degree				
Dates Attended:				
	Month:		Year:	
	Month:		Year:	

Medical Licensure/Examinations

Is there anything in your past history that would limit your ability to be licensed in the state of Missouri or to receive hospital privileges at the University Missouri Hospital system or Truman VA?

Yes **No**

If yes, please give reason:	
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Do you have any current malpractice case(s) pending? **Yes** **No**

U.S. Medical Licensure Examination Step 1 Score:	1 st Attempt Y/N
U.S. Medical Licensure Examination Step 2 CK Score:	1 st Attempt Y/N

Other Information

Are you able to carry out the responsibilities of an Internal Medicine Resident including the functional requirements, cognitive requirements, interpersonal and communication requirements and attendance requirements with or without reasonable accommodation?

Yes **No**

Limiting Aspects:	
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Was your medical education interrupted?

Yes **No**

If yes, please give reason:	
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Medical School Honors/Awards: _____

Organizational Membership/Offices Held: _____

Research Experience(s)

Organization:				
Position:				
Description:				
Dates of Experience:				
	Month:		Year:	
	Month:		Year:	

Organization:				
Position:				
Description:				
Dates of Experience:				
	Month:		Year:	
	Month:		Year:	

Organization:				
Position:				
Description:				
Dates of Experience:				
	Month:		Year:	
	Month:		Year:	

Organization:				
Position:				
Description:				
Dates of Experience:				
	Month:		Year:	
	Month:		Year:	

Publications

Title							
Authors							
Publication							
Month:		Year:		Volume:		Pages:	

Title							
Authors							
Publication							
Month:		Year:		Volume:		Pages:	

Title							
Authors							
Publication							
Month:		Year:		Volume:		Pages:	

Title							
Authors							
Publication							
Month:		Year:		Volume:		Pages:	

Title							
Authors							
Publication							
Month:		Year:		Volume:		Pages:	

Volunteer/Work Experiences

Organization:				
Position:				
Description:				
Dates of Experience:				
	Month:		Year:	
	Month:		Year:	

Organization:				
Position:				
Description:				
Dates of Experience:				
	Month:		Year:	
	Month:		Year:	

Organization:				
Position:				
Description:				
Dates of Experience:				
	Month:		Year:	
	Month:		Year:	

Organization:				
Position:				
Description:				
Dates of Experience:				
	Month:		Year:	
	Month:		Year:	

Language Fluency (other than English): _____

Hobbies and Interests: _____

Other Accomplishments: _____

I certify that the above information listed in this application is correct.

Applicant Signature

Date

Please attach CV, Personal Statement, and 3 letters of Recommendation to this application

Please return completed application to:

The Office of Internal Medicine
Education Office
MA421

