

List postgraduate professional experience (including internship, residencies, and research experience).

Type of Program	Hospital or Institution	Complete Address Including Country	Supervisor/ Program Director	PGY Level	Dates (including telephone/area code)

List of professional institutional/appointments you have held (excluding graduate training):

Hospital	Location (Exact Address)	Department	Dates

LICENSURE

Flex Examination:

(Federal Licensure Exam) _____ Yes _____ No Date Taken _____ Score _____

NBME (National Board of Medical Exams) Part I Date _____ Score _____
(enclose transcript)

Part II Date _____ Score _____

Part III Date _____ Score _____

USMLE (United States Medical Licensing Examination) Part I Date _____ Score _____

Part II Date _____ Score _____

Part III Date _____ Score _____

NBDE (National Board of Dental Exams) Part I Date _____ Score _____
(enclose transcript)

Part II Date _____ Score _____

New York State:

License: _____ Yes _____ No Date Taken _____ Number _____

Temporary Permit: _____ Yes _____ No Date Taken _____ Number _____

Other States:

License: _____ Yes _____ No Date Taken _____ Number _____

Temporary Permit: _____ Yes _____ No Date Taken _____ Number _____

State: _____

Professional Liability

Please complete the following questions as part of the credentialing process:

- 1) Have you ever been dismissed from or the subject of disciplinary action while you were in graduate medical training or had another type of affiliation?

Yes _____ No _____

If yes, please provide substantive information.

- 2) Have you ever been the subject of actions resulting from professional misconduct or are there any such cases pending?

Yes _____ No _____

If yes, please provide substantive information

- 3) Have there been any settlements or judgements made against you in cases involving medical malpractice or are there any cases pending?

Yes _____ No _____

If yes, please provide substantive information

References: (under separate cover)

Please forward:

Dean's Letter (accompanied by official transcript with seal);

Three professional references (including, if possible, Chief(s) of Service);

Letter from head of clinical service on which you recently served.

I hereby waive access to the above letters and will so inform the authors.

I desire access to the above letters and will so inform the authors.

PERSONAL STATEMENT

Please provide a brief description of your interest in the medical specialty you are applying for as a career and included both your previous and current academic research or interests. In addition, you may desire to briefly note any aspects of your training, experience, or plans not requested in this application which you feel may be of concern to the Selection Committee. (Include honors, publications, and research experience.) Please use reverse side.

I certify that the information submitted on these application materials is complete and correct to the best of my knowledge. I understand that false, missing, or misleading information may disqualify me for this position and/or if hired will result in my dismissal from my residency position.

Signature of Applicant: _____ Date: _____

(must be original)

PERSONAL STATEMENT

In accordance with federal and state laws, no person in whatever relationship with the State University of New York at Buffalo shall be subjected to discrimination on the basis of age, religion or creed, color, disability, national origin, race, ethnicity, sex, or marital or veteran status. Additionally, New York State Governor's Executive Order 28 and the University Board of Trustees Policy prohibit discrimination on the basis of sexual orientation.

