

PROFESSIONAL LICENSURE

State/Province	Type of License	Date Issued	License No.	Check Below	
				Permanent	Temporary

LIST SPECIAL RESEARCH PROJECTS – PRACTICAL MEDICAL EXPERIENCE (Give Places and Dates)

XXX

XXX

XXX

XXX

1. Military Obligation: Completed _____ Pending _____ None _____

2. Background and present situation (athletics, hobbies, foreign travel, etc.); please attach biographical sketch of activities for the past 10 years:

XXX

3. Why are you interested in UNM?

4. Other pertinent information (career plans, languages, special skills, experience, etc.):

INSTRUCTIONS:

Residents and Fellows: Complete three copies

- a. One to be sent to the program director of the department to which you are applying.
- b. One copy to the dean of your medical school for forwarding with your dean's letter and your transcript.
- c. One for your files

Enclose recent photograph (optional).

3 Letters of reference.

FOREIGN MEDICAL GRADUATES:

ECFMG: Interim Standard Certificate No. _____

Enclose copy of ECFMG Certificate.

ECFMG scores: Basic Science _____ Clinical Science _____ English _____

TOEFL Exam: Yes No } Enclose copy of exam certificate(s)

FMGEMS Exam: Yes No }

Visa Status: Current possession Application in progress
 Exchange visitor Permanent Immigrant
 Refugee Other _____

Return to: University of New Mexico Health Sciences Center
Division of Rheumatology
Attention: Arthur Bankhurst, MD
1 University of New Mexico
MSC 10 5550
Albuquerque, New Mexico 87131

Date: _____

Signature of Applicant: _____

The University of New Mexico is an Affirmative Action/
Equal Opportunity Institution.

