University of Florida, College of Medicine
Required Application for Off-Cycle (non-MATCH)
Residents / Fellows and non-ACGME (non-standard) Training Programs

RESET FORM

Basic Information

First Name*
Middle Name
Last Name*
Suffix
Email*
Birth Date*
I authorize the release of my birth date to programs ☐

Work Authorization

Are you currently authorized to work in the United States as a US Citizen or Green-card Holder?* Yes ☐ No ☐

If ānswer to above is "No", which of the following applies?* J-1 Clinical ☐ EAD ☐ H-1B ☐ Other:

Additional Information

Was your medical education/training extended or interrupted?* Yes ☐ No ☐

If yes, please provide details or attachment:

Have you ever been on academic probation, remediation, or held back from an education/training program? ☐ Yes ☐ No

If yes, please provide details or attachment:

Has your employment ever been involuntary terminated or have you resigned in lieu of termination? ☐ Yes ☐ No

If yes, please provide details or attachment:

Have you ever been on Administrative Leave from your program for investigations in relations to disciplinary, professionalism and medical practices? ☐ Yes ☐ No
If yes, please provide details or attachment:

Licensure

Please add an entry for your most recent state medical licenses.

None ☐

State* ☐

License Type* ☐

License Number* ☐

Expiration Month* ☐

Expiration Year* ☐

Additional Information

Has your medical license ever been suspended/revoked/ voluntarily terminated?* ☐ Yes ☐ No
If yes, please provide details: ☐

Have you been named in a malpractice case? ☐ Yes ☐ No
If yes, please provide details: ☐

Do you have a physical, medical (including substance abuse), mental or emotional condition that could affect your ability to exercise the clinical privileges reqested safely and competently? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor in the United States?* ☐ Yes ☐ No
If yes, please explain or provide attachement:

☐

Have you ever been convicted of a felony in the United States?* ☐ Yes ☐ No
If yes, please explain or provide attachment:

☐

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

Yes ☐ No ☐ No Response ☐

Certification

I certify that the information contained within the application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by the University of Florida, College of Medicine, or if employed, may constitute cause for termination from the program.

Use and Dissemination of Resident, Intern, Fellow, and Residency, Internship, and Fellowship Application Data and to the University of Florida, College of Medicine's collection and other processing of my personal data according to University of Florida privacy policies.

Signature ☐ Date ☐