Medical College of Virginia Campus

VCU School of Medicine

Applying for Year(s): _____ _____

Virginia District(s): ☐ Central ☐ Tidewater ☐ Western
richmond *norfolk* *roanoke*

Please attach a recent photograph

Approximately 2" x 2"
Sign photograph

1. Name:_____
last *first* *middle*

other names used: _____

2. SSN: _____ Citizenship _____ *if not U.S.,* VISA Status:_____

3. Mailing Address: _____

4. Permanent Address: _____

5. Date of Birth: ___ / ___ / _____ Place of Birth: _____
city *state* *country*

6. Contact Information: Home: (_____) _____-_____ Work: (_____) _____-_____

Mobile: (_____) _____-_____ Email: _____

EDUCATION

7. Undergraduate & Graduate Education:

School:	Dates Attended	Degree	Degree Date

8. Medical Education:

School:	Dates Attended	Degree	Degree Date

9. Post Graduate Training: Initial field of study? _____

School	Dates
Internship	
Residency *AP, CP, AP/CP, Other*	
Fellowship	

10. List any honors received during your pre-medical or medical education *(not listed on CV)* . Include societies, medical course honors, awards and scholarships.

11. Licensure/Certificates/Permits:

State	Number	Dates

Have you ever been reprimanded, or had your license suspended or revoked in any state? ☐ yes ☐ no If yes please explain

Have you ever been named in and/or had a judgement against you in a medical malpractice legal suit? ☐ yes ☐ no If yes please explain

12. List any published clinical or research papers *(not listed on CV)*, by authors, title, journal, volume, page and year.

13. Please list any board certifications.

Board	Area of Certification	Date of Certification

15. Please indicate numerical results for the USMLE/Comlex or NBME and provide an official copy of your test scores:

Score / % tile Part I: _____ / _____ Part II: _____ / _____ Part III: _____ / _____

ECFMG (if applicable): Date: _____ Results: _____

Date: _____ Results: _____

Date: _____ Results: _____

ECFMG certificate #: _____

16. Does your school elect to AOA? _____ When were you elected? _____ Are you an AOA member? _____

PROCEDURE FOR FILING APPLICATION 5th – 6th LEVEL AND FELLOW APPLICANTS

***With application include*:** A Copy of your current CV ● Official copy of USMLE/Comlex or NBME scores International Graduates: Notarized copy of Valid ECFMG certificate ● Notarized copy of Medical school Diploma (*with english translation*)

***To process the application*:** At least two letters of recommendation from Chairman of Department, or Chief of Service ● Dean's letter of recommendation ● Transcript sent from your Medical School

Mail to: Fellowship Program Director Dr. Deborah Kay
Office of the Chief Medical Examiner
400 E. Jackson St, Richmond, VA 23219-3694
phone: 804-786-3174

Have you applied to this program previously?: ◉ Yes ○ No If yes, what year _____

What are your preferred interview dates? _____

I hereby certify that all of the information on this application is accurate and complete to the best of my knowledge, and attest the same to any documentation received in regards to my application. I understand that accepting more than one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions.

Signature: _____ Date _____