

**University Hospitals Case Medical Center
Post Pediatric Portal Training Program
Applicant Checklist**

- ❑ Completed, signed, dated application
- ❑ Personal statement
- ❑ Current CV
- ❑ Letter of recommendation from your present training director if residency training was completed within the preceding 3 years
- ❑ 2 additional letters of recommendation specific to the Post Pediatric Portal Program from two attending physicians with whom you have worked (please include 1 additional letter if one is not completed by your training director)
- ❑ Copy of Medical School Diploma
- ❑ Medical School Transcripts (English translation for IMG's)
- ❑ Medical School Dean's Letter
- ❑ USMLE or COMLEX Transcript

For Foreign Applicants

- ❑ Current Visa Status
- ❑ ECFMG Certificate

Return all documents to: sarah.spurbeck@UHhospitals.org

Sarah Spurbeck, C-TAGME
Academic Program Coordinator
Department of Psychiatry
W.O. Walker Center – 8th Floor
10524 Euclid Avenue
Cleveland, OH 44106-5080
phone: 216-844-3658 fax: 216-844-4741

University Hospitals Cleveland Medical Center
Application for Post Pediatric Portal Training Program
Academic Year Beginning July 1, 2023

Applications should be typed or printed. Please include all items listed in the Application Checklist (final page of application) with your completed application. Following receipt of your completed application and checklist materials, you will be notified if a personal interview is requested.

| | |
|-------------------|------------------|
| Name: | Date of Birth: |
| Address (Home): | Email: |
| Phone (Day): | Phone (Evening): |
| Social Security#: | Citizenship: |

Education and Post Graduate Training:

| | School or Program | Location | Start Date | Graduation Date | Degree or Specialty |
|-----------------------|-------------------|----------|------------|-----------------|---------------------|
| Undergraduate | | | | | |
| Medical School | | | | | |
| Internship | | | | | |
| Residency | | | | | |
| Other (if applicable) | | | | | |

Post Residency Employment (if applicable):

| Position | Location | Start Date | End Date | Reason for leaving |
|----------|----------|------------|----------|--------------------|
| | | | | |
| | | | | |
| | | | | |

If additional space is needed, please document on separate sheet of paper and attach to application

Foreign Medical School Graduates only:

Type of Visa: _____ (University Hospitals requires a J-1 Visa).

Do you intend to apply for US citizenship? **YES** **NO**

ECFMG Certificate No: _____

Attach copy of certificate or interim certificate and copy of scores. If you are now in the US, give date and

Port of Entry: _____

State or Professional Licensure:

| State/Province | License Type | License # | License Status (indicate active or inactive) | Issue Date |
|----------------|--------------|-----------|---|------------|
| | | | | |
| | | | | |
| | | | | |

Board Certification:

| Name of Board | Certificate # | Issue Date |
|---------------|---------------|------------|
| | | |
| | | |
| | | |

Examination History:

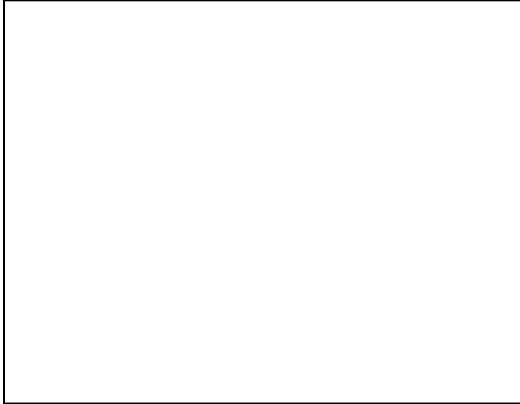
| Examination | Date Taken (mm/yy) | Pass or Fail | Number of Attempts |
|-------------------|--------------------|--------------|--------------------|
| USMLE Step 1 | | | |
| USMLE Step 2 CK | | | |
| USMLE Step 2 CS | | | |
| USMLE Step 3 | | | |
| COMLEX Level 1 | | | |
| COMLEX Level 2 CE | | | |
| COMLEX Level 2 PE | | | |
| COMLEX Level 3 | | | |

Other:

- If there have been any interruptions in your training or employment, please describe the nature of the interruption on a separate sheet of paper.
- Do you require any special accommodations to perform the essential functions of a resident physician in the training program at University Hospitals of Cleveland? **NO** **YES**

If yes, please attach a separate sheet of paper explaining the required accommodation and how it would allow you to perform the essential functions of the position.

PHOTO – (optional) A recent photograph (black/white, passport size is not a requirement, but is very helpful.



Signature: _____

Date: _____