

**Stony Brook University School of Medicine
Residency in General Preventive Medicine and Public Health**

Resident Application

PERSONAL INFORMATION

1. **NAME (LAST, FIRST, MIDDLE)** _____
2. **SOCIAL SECURITY NUMBER** _____ **Attach recent photograph**
3. **DATE OF BIRTH (OPTIONAL)** _____ **2" x 2" (optional)**
PLACE OF BIRTH (OPTIONAL) _____
4. **CITIZENSHIP**
 U.S.
 Other (_____)
5. **VISA STATUS (IF APPLICABLE)**
 Permanent
 Temporary (specify)
 J-1 H-1
6. **PRESENT PHONE NUMBERS**
Day: (____) _____ - _____ Evening: (____) _____ - _____ email address: _____
7. **PRESENT ADDRESS** (street) _____ (city) _____ (state) _____ (zip) _____
-
8. **PERMANENT ADDRESS** (Name of person through whom I may always be contacted _____)
 (street) _____ (city) _____ (state) _____ (zip) _____
-
9. **PERMANENT PHONE NUMBER** (____) _____ - _____ 10. **NUMBER OF DEPENDENTS (OPTIONAL)** _____

11. UNDERGRADUATE EDUCATION – Please have official transcript(s) sent directly to Program Director

UNDERGRADUATE COLLEGE(S)	DATES ATTENDED	MAJOR DEGREE (IF ANY)
Name _____ Location _____	From _____ To _____	_____
Name _____ Location _____	From _____ To _____	_____
Name _____ Location _____	From _____ To _____	_____

12. MEDICAL EDUCATION – Please have official medical school Dean's Letter and transcript sent directly to Program Director, and please enclose photocopies of all diplomas and training certificates

MEDICAL SCHOOL	DATES ATTENDED	
Name _____ Location _____	From _____ To _____	

PREVIOUS RESIDENCY TRAINING PROGRAM(S)	DATES ATTENDED	SPECIALTY
Institution _____ Location _____	From _____ To _____	_____
Institution _____ Location _____	From _____ To _____	_____

13. AT THE TIME I BEGIN THE GRADUATE MEDICAL EDUCATION PROGRAM FOR WHICH I AM NOW APPLYING, I WILL HAVE TAKEN THE EXAMINATION(S) CHECKED BELOW:

				Number of attempts
<input type="checkbox"/>	USMLE, Part I	Date _____	Grade average/percentile _____	_____
<input type="checkbox"/>	USMLE, Part II	Date _____	Grade average/percentile _____	_____
<input type="checkbox"/>	USMLE, Part III	Date _____	Grade average/percentile _____	_____
<input type="checkbox"/>	NBME, Part I	Date _____	Pass/Fail _____	_____
<input type="checkbox"/>	NBME, Part II	Date _____	Pass/Fail _____	_____
<input type="checkbox"/>	NBME, Part III	Date _____	Pass/Fail _____	_____
<input type="checkbox"/>	FLEX, Component I	Date _____	Score _____	_____
<input type="checkbox"/>	FLEX, Component II	Date _____	Score _____	_____
<input type="checkbox"/>	ECFMG, English test	Date _____	Expiration date _____	_____
<input type="checkbox"/>	FMGEMS, Part I	Date _____	Percent _____	_____
<input type="checkbox"/>	FMGEMS, Part II	Date _____	Percent _____	_____
<input type="checkbox"/>	ECFMG	Applicant # ___ - ____ - ____ - ____		

State(s) of license – please enclose photocopy of license(s)

14. GRADUATE EDUCATION – Please have official transcript(s) sent directly to Program Director

GRADUATE SCHOOL(S)	DATES ATTENDED	MAJOR DEGREE (IF ANY) AND AREA OF STUDY
Name _____ Location _____	From _____ To _____	_____
Name _____ Location _____	From _____ To _____	_____

15. ADDITIONAL EXPERIENCE

16. HONORS/AWARDS

17. SERVICE OBLIGATIONS (NATIONAL HEALTH SERVICE CORPS, ARMED FORCES SCHOLARSHIP, STATE PROGRAMS, ETC.)

I am not required to fulfill any service obligations

I am committed to fulfill a service obligation beginning _____ (month/year)
for _____ (number of years).

18. GENERAL INFORMATION

- A. Have you ever elected to leave any program of education and/or training prior to completion?
 YES NO
- B. Have you ever been asked or directed to leave any program of education and/or training prior to completion?
 YES NO
- C. Are there any actions or proceedings that have involved the imposition of a sanction of suspension or dismissal from any program of education and/or training to date?
 YES NO
- D. Have you ever pleaded guilty to or been convicted of a crime or offense other than a minor traffic violation?
 YES NO

If YES to any of the above questions, please provide details on a separate page.

19. IN ADDITION TO A LETTER FROM THE OFFICE OF THE DEAN OF THE MEDICAL SCHOOL FROM WHICH I GRADUATED, THE FOLLOWING INDIVIDUALS (AT LEAST ONE OF WHOM IS A PRIOR PROGRAM DIRECTOR), WHO KNOW MY QUALIFICATIONS WELL, HAVE BEEN ASKED TO WRITE REFERENCES FOR ME.

Name and Title _____

Institution _____

Address _____

Name and Title _____

Institution _____

Address _____

Name and Title _____

Institution _____

Address _____

(Check one)

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.

Signature

Date

Name of applicant (type or print)

STONY BROOK UNIVERSITY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EDUCATOR AND EMPLOYER. IF YOU NEED A DISABILITY-RELATED ACCOMMODATION, PLEASE CONTACT THE PREVENTIVE MEDICINE RESIDENCY PROGRAM AT (631) 444-3902.

20. PERSONAL STATEMENT

21. INTERVIEWING SCHEDULING

- The following general time period is most convenient for me From _____ To _____
- I am able to schedule an interview on the following specific dates _____
- I am not able to come for an interview

I CERTIFY THAT THE INFORMATION SUBMITTED ON THESE APPLICATION MATERIALS IS COMPLETE AND CORRECT OT THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISSING INFORMATION MAY DISQUALIFY ME FOR THIS POSITION.

SIGNATURE OF APPLICANT _____ **DATE** _____