



# SCHOOL OF MEDICINE

## DEPARTMENT OF PSYCHIATRY

### Post Pediatric Portal Training Program Application

#### Required documents for all applicants:

- ☐ Completed, signed, dated application.
- ☐ Personal statement
- ☐ Current CV
- ☐ Letter of recommendation from your present training director if residency training was completed within the preceding three years
- ☐ Two additional letters of recommendation specific to the Post Pediatric Portal Program from two attending physicians with whom you have worked (please include one additional letter if one is not completed by your training director)
- ☐ Copy of Medical School Diploma
- ☐ Medical School Transcripts (English translation for IMG's)
- ☐ USMLE or COMLEX Transcript
- ☐ If Pediatrics Residency has been completed, a copy of the training completion certificate
- ☐ Copy of current medical license

#### For International Applicants:

- ☐ Current Visa Status
- ☐ ECFMG Certificate



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### Post Pediatric Portal Training Program

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):
Citizenship:	Visa needed? (Please note IUSM GME sponsor only J1 visas.)

#### 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.*



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International Medical School Graduates only:

**Type of Visa Required:** (Please note: IUSM sponsors only J-1 visas).

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:

- Have there been any interruptions in your training or employment? If yes, please explain 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 Indiana University School of Medicine?      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.



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		Yes or No
1	Has your medical license ever been suspended/revoked/voluntarily terminated?	
2	Have you been named in a malpractice case?	
3	Is there anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges?	
4	Have you ever been convicted of a misdemeanor?	
5	Have you ever been convicted of a felony?	
6	Are you able to carry out the responsibilities of a resident or fellow in the specialties and at the specific training programs to which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations?	

***If you answered Yes to questions 1-5, please explain here. Likewise, if you answered No to question 6, please explain here:***



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PHOTO – (optional) A recent photograph is not a requirement, but is very helpful.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_