

UF Health College of Medicine – Jacksonville, FL – Academic Year 2025-2026

Fellowship (PDA) Application

Please return application with a copy of your CV, personal statement, ECFMG certificate (if applicable) and USMLE/COMLEX scores (transcript) to the GME Program Administrator (ufjaxradgme@jax.ufl.edu). You must be eligible to work in the US and be able to become licensed in the State of Florida with an unrestricted license.

Subspecialty Program: **Musculoskeletal Fellowship (Post-Doctoral Associate)**

Starting Date: **July 1, 2025**

NAME _____ DATE OF BIRTH _____
Last First Middle

ADDRESS _____ TELEPHONE (HOME) _____

TELEPHONE (WORK) _____

EMAIL _____ TELEPHONE (CELL) _____

CITIZENSHIP _____

VISA Type (J1, H1, F1, etc.) _____ Expiration date: _____ Permanent Resident? _____ Other _____
(Proof of visa status must accompany application)

EDUCATION:

PREMEDICAL COLLEGE _____ DEGREE _____ MO/YEAR COMPLETED _____

MEDICAL SCHOOL _____ DEGREE _____ MO/YEAR COMPLETED _____

FOREIGN MEDICAL SCHOOL GRADUATE: ☐ - Yes ☐ - No

ECFMG Certificate# _____ (Include copy of certificate if applicable)

USMLE or COMLEX: Step 1, Step 2 (CS), Step 2 (CK) and Step 3 Scores are required (include official transcript of step scores)

Step 1 Score: _____

Step 2 Score (CS): _____

Step 2 Score (CK): _____

Step 3 Score _____

AMERICAN BOARD of RADIOLOGY EXAMS:

☐ -- ABR Board Certified

☐ -- ABR Board Eligible

☐ -- ABR Core Exam Passed | Date passed: _____

STATES IN WHICH YOU ARE OR HAVE BEEN LICENSED TO PRACTICE MEDICINE:

State _____ License # _____ Expiration Date _____

Have you ever been denied or lost a state license? If yes explain why:

TRAINING:

PGY-1 (Internship):

Hospital _____ Type of Training _____ Dates _____

PGY-2 + Other education, residency training or hospital research:

(Please list in chronological order, including your present position – continue on new blank sheet as needed)

Institution _____

name

address

type of training

dates

REFERENCES: Please list the names and institutions of three physicians who may be writing letters of recommendation for you:

Signature: _____ Date: _____

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE
Office of Educational Affairs

GME PROGRAM _____ Website _____

Dear Applicant:

The University of Florida College of Medicine-Jacksonville is thrilled that you have accepted our offer to interview. Take a few minutes to review the information below to ensure you meet the requirements for appointment into our program.

1. **APPLICATION NAME:** Ensure the name used in your application matches the name on your social security card. If we are fortunate enough to match with you, we will pull the information from application to use on your contract and appointment materials.
2. **PROGRAM INFORMATION:** In accordance with requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) and the National Resident Matching Program (NRMP) or equivalent match system, current and accurate resident information is provided to all applicants through the University of Florida College of Medicine Jacksonville website at <https://med.jax.ufl.edu/graduate-medical-education/applicants-new-residents-fellows/>. Applicants can view the program aims on the program's website noted above.
The webpage *For Applicants or New Residents and Fellows* includes the current resident contract, the resident eligibility and selection policy, and benefits, requirements, and resources (including financial support; vacations; parental, sick, and other types of leave; professional liability, hospitalization, health, disability and other insurance provided for the resident and their family); and the conditions under which living quarters, meals, laundry services, or their equivalents are to be provided. Applicants can view the program aims on the program's website.
3. **NRMP REQUIREMENTS:** The applicant agreement states applicants are responsible to understand and confirm by signature below, their eligibility to enter their selected training program before certifying their rank order list.
 - Eligibility and Selection Policy: [Eligibility and Selection Policy](#). Applicants who require visa sponsorship must confirm they are eligible per the institutional policy noted above. Individuals entering a core residency program are eligible for a J-1 visa sponsored by the Educational Council of Foreign Medical Graduates (ECFMG). Individuals entering a fellowship who already have an H1B visa are eligible to port their current H1B to the University of Florida.
 - Licensure Requirements: The program agreement requires programs to confirm, "each ranked applicant meets requirements for licensure, as published by the programs state Licensure Board." You must review the Florida statute [Title XXXII Chapter 456.0635](#) to ensure you are eligible for licensure. By signing below, you attest that you have reviewed the statute and affirm you are eligible for licensure in the state of Florida.
 - FBI Background Screening: Part of the licensure process requires the individual to complete a Level 2 fingerprint background screening.
 - Medical School Diploma: The licensure process requires a copy of the medical school diploma, and translation if required, as part of the licensure process. If you have not received your diploma when you apply for the license, you will be required to upload it to your application as soon as you receive it from your medical school.
 - Social Security Number: The licensure process requires that applications provide their social security number on your application. If you are a U.S. citizen or eligible to work in the U.S., it is expected that you have an original social security card available immediately after the match results have been released. A copy of your card will be required no later than April 1. Foreign nationals will receive additional information during the onboarding process.

Your signature below serves as an attestation that you are aware of the availability of this information on the UF College of Medicine Jacksonville website and understand the requirements for appointment in our medical education program.

Applicant Name _____

Signature _____ Date _____