

UF Health College of Medicine – Jacksonville, FL – Academic Year 2024-2025

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 Coordinator Martha.English@jax.ufl.edu.

Subspecialty Program: Musculoskeletal Fellowship (Post-Doctoral Associate)

Starting Date: July 1, 2024

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 copy 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: _____