**DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH**
**UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE**
**APPLICATION FOR RESIDENCY TRAINING IN PREVENTIVE MEDICINE**

| | | |
|---|---|---|
| NAME: | | START DATE:<br>FULL TIME ☐ PART TIME ☐<br>PGY2 ☐ PGY3 ☐ |
| ADDRESS: | | U.S. CITIZEN: Yes No<br>VISA STATUS (if applicable): |
| | BIRTHDATE: | BIRTHPLACE: |
| TELEPHONE NUMBERS HOME: | | WORK: |
| FAX: | E-MAIL: | |

| | | | | |
|---|---|---|---|---|
| PREMEDICAL EDUCATION | School: | Location: | Degree: | Date: |
| MEDICAL EDUCATION | School: | Location: | Degree: | Date: |
| RESIDENCY TRAINING | School: | Location: | Degree: | Date: |
| POSTDOCTORAL FELLOWSHIP | School: | Location: | Degree: | Date: |

| MEDICAL BOARD EXAMINATIONS | WHERE TAKEN | DATE | SCORES |
|---|---|---|---|
| USMLE | | | |
| FLEX | | | |
| ECFMG | | | |
| OTHER | | | |

| MEDICAL LICENSURE | | |
|---|---|---|
| State | License Number | Expiration Date |
| | | |
| | | |

PGY-1 RESIDENT TRAINING PROGRAM DIRECTOR
(Address and Phone Number Required)

Name: _____

Address: _____

_____

Phone: _____

| REFERENCES: At least three required, including one from your medical school dean's office and one from your PGY1 Program Director. Please request that letters be sent directly to this Department. | | |
|---|---|---|
| NAME AND TITLE | ADDRESS | TELEPHONE NUMBER |
| 1. | | |
| 2. | | |
| 3. | | |

| How did you learn about our program? [Check appropriate box(es).] | | | |
|---|---|---|---|
| ☐ Directory, Graduate Medical Education Programs | ☐ Directory, Preventive Medicine Residency Programs | ☐ Brochure | ☐ **Website**<br>☐ UMD<br>☐ ACPM<br>☐ Other |
| ☐ Current/ Former Resident | ☐ Colleague | ☐ Advertisement | ☐ Other (Specify) |

| TRANSCRIPTS: Both undergraduate and medical school transcripts are required. Please have TWO official copies of your transcripts sent directly to this Department at the address given below. | |
|---|---|
| BIOGRAPHICAL SKETCH: Please specify your reasons for selecting residency training in Preventive Medicine and include information about your special skills, interest and career goals. Also provide your C.V. | |
| PHOTOGRAPHS: Requested for identification purposes only. Please sign on the back and enclose with application. (Include two photos.) | |
| DATE OF APPLICATION: | SIGNATURE OF APPLICANT: |

Please send this form to:

Wendy Lane, MD, MPH
Director, Preventive Medicine Residency Program
University of Maryland Baltimore
660 West Redwood Street
Howard Hall Room 102H
Baltimore, MD 21201