

6 Urcb'Fci [Y'; YbYfU'Df]a Ufm7 UfY'Gdcfhg'A YX]WbY: Y`ck g\]d'5 dd`]WU]cb

M95 F'HC'69; -B': 9 @CK G<-D

&\$%{

Please submit a passport size photo with your application.

PERSONAL DATA:

Last Name	First Name	Middle Initial
Present Address		
City ()	State ()	Zip Code ()
Home Phone	Work Phone	Cell Phone
Email Address		
Citizen of U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number _____	

EDUCATION:

College or University	City/State	Dates	Degree
College or University	City/State	Dates	Degree
College or University	City/State	Dates	Degree
Advanced Degree School	City/State	Dates	Degree
Advanced Degree School	City/State	Dates	Degree
Medical School	City/State	Dates	Degree (MD/DO)

GRADUATE MEDICAL EDUCATION:

PGY-I	HOSPITAL	CITY: _____ STATE: _____	DATES (INCLUSIVE)	TYPE
RESIDENCY	HOSPITAL	CITY: _____ STATE: _____	DATES (INCLUSIVE)	TYPE
RESIDENCY	HOSPITAL	CITY: _____ STATE: _____	DATES (INCLUSIVE)	TYPE

US MEDICAL LICENSE EXAMINERS (copy of original required):

** Include all scores whether passing or non-passing.

** Submit FLEX, NBME or COMLEX scores, if applicable.

I- date	II-date	III-date

PREVIOUS PRACTICE EXPERIENCE (use additional sheets if necessary):

SPORTS MEDICINE ROTATION (Dates, Type, Location, Instructor - use additional sheets if necessary):

SPORTS MEDICINE COVERAGE (Games, Events, Training Room, Other - use additional sheets if necessary):

SPORTS MEDICINE CONFERENCES (use additional sheets if necessary):

Attended:

Presented: [PLEASE INCLUDE A COPY OF THE PROGRAM OF ANY LISTED PRESENTATION](#)

PUBLICATIONS (author, title, publication, date - use additional sheets if necessary): [PLEASE INCLUDE A COPY OF THE TITLE PAGE OF ANY LISTED PUBLICATION.](#)

ADDITIONAL PERSONAL DATA:

1. Work Experience Prior to Medical Training (Occupation/Title, Dates - use additional sheets if necessary):

2. Military Status (U.S.A.) (Present Status and Service):

a. Do you hold a reserve Commission? Yes No

To begin: for on

Branch:

Rank:

b. Have you served in the military or U.S.P.H.S.? Yes No

Have you attended summer training camp? Yes No

c. Are you required to attend reserve meetings? Yes No

Are you required to attend summer training camp? Yes No

d. Do you have a military or U.S.P.H.S. commitment? Yes No

To begin: for on

3. Are you certified by the E.C.F.M.G.? Yes No

Which qualifying exam taken? _____

a. Dates passed: _____

b. Scores Part I: _____ Part II: _____

c. Certificate Number: _____

d. Certificate valid through what date: _____

4. If not a U.S. Citizen, will you enter or remain in the U.S. on:

a. Exchange Visitor Visa: _____

b. Permanent Visa Number: _____

c. How many years may you remain in the U.S.A.? _____

5. Conferences attended or presented (other than sports medicine - use additional sheets if necessary):

6. Honors and Awards (use additional sheets if necessary):

7. Have you ever been placed on probation, suspended from your job duties, residency, training program, had privileges revoked, or been part of a malpractice complaint?

Yes No If YES, please explain below.

8. Are you aware of any limitation which would prevent you from performing the duties of the fellowship for which you are applying?

9. Personal Statement (please attach a separate sheet):

10. Requirements for application and additional supporting documents requested:

- Must be a U.S. citizen or permanent resident of the United States
- Evidence of completion or the anticipated date of graduation from an ACGME accredited residency program in family medicine, emergency medicine, internal medicine, pediatrics or physical medicine and rehabilitation
- A valid ECFMG certificate if applicable
- Must be eligible to be licensed in the State of Louisiana
- Letter from your residency program director outlining the following:
 - Probationary actions or any interrupted time during residency
 - Professionalism and interaction with fellow residents as well as patients
 - Dedication to sports medicine
- One reference letter from a sports medicine physician with whom the resident has trained
- One reference letter from a primary care physician in the applicant's prospective specialty
- Curriculum Vitae (CV)
- Transcript of step scores (must show number of attempts)
- Copy of medical license if applicable

Baton Rouge General's Sports Medicine Fellowship Program's academic year is August 1 - July 31. Applications for the fellowship program are accepted August 1 - November 30. Interviews are scheduled one day per week during the months of October and November. **The fellowship participates in the National Residency Match Program (NRMP).** Rank lists are entered in early to mid-December and Match occurs in early January.

DO NOT SEND ORIGINAL DOCUMENTS. NO DOCUMENTS WILL BE RETURNED.

PHOTOCOPIES OF THIS APPLICATION WILL BE ACCEPTED.

I certify that the information given or attached is true, accurate and complete. Be advised, any inaccuracies within this application could disqualify your candidacy.

Signature: _____
(Typed name is accepted as signature.)

Date: _____

REMEMBER: Be sure to register for the match through National Residency Match Program (NRMP) at www.nrmp.org.