



SCHOOL OF MEDICINE
 DEPARTMENT OF PSYCHIATRY & BEHAVIORAL SCIENCES

APPLICATION TO THE REPRODUCTIVE PSYCHIATRY FELLOWSHIP – DEPARTMENT OF PSYCHIATRY, UNM HEALTH SCIENCES CENTER

GENERAL INFORMATION

Last Name		First Name		Middle Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date		Birth Place		Citizenship		Social Security Number	
Present Mailing Address						Home Telephone #	
Permanent Home Address						Work/Office Telephone #	

PRE-MEDICAL EDUCATION

Name of Institution	City, State, Country	From (mo/yr)	To (mo/yr)	Degree
High School				
Undergraduate				
Graduate				
Other				

MEDICAL EDUCATION

Name of Institution	City, State, Country	From (mo/yr)	To (mo/yr)	Degree

USMLE Scores	Step 1	Step 2	Step 3	COMPLEX Scores	Level 1	Level 2	Level 3
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Honors (Undergraduate, Graduate, Medical School):

(Honors, continued)

Most Recent Hospital Affiliation:

INTERNSHIPS, RESIDENCIES, FELLOWSHIPS, TEACHING APPOINTMENTS (list most recent date first)

Name of Institution	Service or Specialty	City, State, Country	From (mo/yr)	To (mo/yr)

Honors (for above):

PROFESSIONAL RECOMMENDATIONS (please list at least three)

Address letters to: Nina Gonzales, MD, Director, c/o Desirae Ramirez
 Reproductive Psychiatry Fellowship
 Department of Psychiatry, UNM-SOM
 1 University of New Mexico MSC09 5030 Albuquerque, NM 87131

1) Name:	Professional Relationship: Psychiatry Residency Training Director
Address:	Telephone:
2) Name:	Professional Relationship:
Address:	Telephone:
3) Name:	Professional Relationship:
Address:	Telephone:
4) Name:	Professional Relationship:
Address:	Telephone:

PROFESSIONAL LICENSURE

State/Province	Type of License	Date Issued	License #	Check one
				<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
				<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary

ADDITIONAL INFORMATION

Language Fluencies:

Cultural Competencies:

Special Skills:

Military Status:

Military Obligation: Completed Pending None**WRITTEN STATEMENT**

Please attach a personal statement. We suggest that you consider including the following:

- a biographical sketch, including the development of your interest in addiction psychiatry;
- your previous clinical experience with addiction psychiatry;
- your research experience or additional relevant accomplishments;
- your special areas of interest and/or theoretical orientation in addiction psychiatry;
- your educational goals for your addiction psychiatry fellowship;
- your eventual career goals following your fellowship;
- your interest in the addiction psychiatry fellowship at the University of New Mexico
- any other information which you would like us to consider.

FOREIGN MEDICAL GRADUATES

<i>ECFMG Information</i>	<input type="checkbox"/> Interim <input type="checkbox"/> Standard	Certificate #	Basic Science Score	Clinical Science Score	English Score	Please enclose a copy of your ECFMG exam certificate.
<i>TOEFL Examination Information</i>	TOEFL Exam Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No			If you took the TOEFL, please enclose a copy of your TOEFL exam certificate.		
<i>FMGEMS Examination Information</i>	FMGEMS Exam Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No			If you took the FMGEMS, please enclose a copy of your FMGEMS exam certificate.		
<i>United States Visa Status:</i> <input type="checkbox"/> Currently possess a US visa <input type="checkbox"/> Application in progress <input type="checkbox"/> Exchange visitor <input type="checkbox"/> Permanent <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other - please describe below						
(US Visa Status – comments):						

APPLICATION INSTRUCTIONS

- 1) Attach a recent 2 ½ x 3-inch photograph where indicated below.
- 2) Request that letters of recommendation be sent to us from the references you have listed on this application.
- 3) Request that an official copy of your medical school transcript(s) be sent to us (the address is listed in #6 below).
- 4) Request that USMLE or COMPLEX transcript be sent to us (the address is listed in #6 below).
- 5) Complete, sign, and date this application.
- 6) Send this application, along with your personal statement, a current *curriculum vitae*, and any other requested information, to:

Nina Gonzales, MD
 c/o Desirae Ramirez
 University of New Mexico – Department of Psychiatry
 1 University of New Mexico MSC09 5030
 Albuquerque, NM 87131

If you have any questions about the application process please contact the Fellowship Coordinator, Desirae Ramirez, by email at dmramirez@salud.unm.edu. We will contact you when your application file is complete. Thank you for your interest in our fellowship.

SIGNATURE AND PHOTOGRAPH

Signature of Applicant: _____

Date: _____

Recent Photograph
 2 ½ x 3 inches
 Color or black & white

Malpractice/Discipline Actions

A. Malpractice

If there have been settlements, malpractice claims, and/or lawsuits pending or closed during the previous 10 years, please describe on a separate page.

B. Miscellaneous

- a. Has your professional license in any state ever been revoked, suspended, canceled or restricted?
Yes No
- b. Have you ever been denied a professional license in any state? Yes No
- c. Have you ever been requested to appear before any professional society or licensing board because of a complaint or charge? Yes No
- d. Have you ever had any action against you by the Narcotics Bureau of the Treasury Department, or a Federal, State or local drug enforcement agency or had your DEA permit denied or revoked?
Yes No
- e. Has your status as a member of the staff of any hospital, clinic or other facility, or the scope of your privileges at any such facility, ever been decreased or terminated, for any reason? Yes No
- f. Has a mental or physical impairment lasting more than one month ever interfered with your education or professional duties within the last 10 years? Yes No
- g. Are you now, or have you ever been, dependent upon the use of alcohol, stimulants or other habit-forming drugs? Yes No
- h. Have you ever been convicted of a felony in a criminal action? Yes No

Important: If you answered "Yes" to any of the above questions, please attach a written explanation.

Applicant's affidavit:

I certify that all the information contained in this application is correct to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after my appointment.

Signature of Applicant: _____ Date: _____