

UNC-CH Primary Care Sports Medicine Fellowship Visiting Resident Rotation Application Form

Please complete the form below and attach a current CV as well as a brief Statement of Interest, a letter of good standing from your residency program director, and medical liability coverage confirmation. Please email all forms to Ashley Heidinger at smfellow@med.unc.edu.

PERSONAL DATA

Full Name: _____
Last First Middle

Present Mailing Address:

Street Address

City State Zip Code

Telephone:
Home () _____ Work () _____ Cell () _____

Email: _____

US CITIZEN: YES _____ NO _____

If not a citizen:

- PERMANENT RESIDENT _____
- J-1 _____
- H-1 _____
- OTHER (please specify) _____

EDUCATION

Undergraduate Education

Institution Name Institution City/State
Attended From _____ To _____ Degree awarded: _____

Graduate Education (Medical and Masters or Doctoral Program)

Institution Name Institution City/State
Attended From _____ To _____ Degree awarded: _____

Institution Name Institution City/State
Attended From _____ To _____ Degree awarded: _____

Postgraduate Medical Education:

Internship: (if more than one, please provide additional information on a separate sheet)

Institution (Month/Day/Year)	Specialty	From (Month/Day/Year)	To
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Residencies: (if more than one, please provide additional information on a separate sheet)

Institution (Month/Day/Year)	Specialty	From (Month/Day/Year)	To
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Fellowships: (if more than one, please provide additional information on a separate sheet)

Institution (Month/Day/Year)	Specialty	From (Month/Day/Year)	To
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LICENSE INFORMATION/CERTIFICATION

USMLE Step I _____
(Date) (Scores)

USMLE Step II _____
(Date) (Scores)

USMLE Step III _____
(Date) (Scores)

COMLEX
(for DO training)

Level I _____ Level II _____ Level III _____
(Score) (Score) (Score)

ECFMG number /date (if applicable) _____

Board Certified? If "yes" enter name of Board and Year Certified _____

LICENSURE:

State _____ Number _____ Date _____ Type _____ Expiration _____

ROTATION PREFERENCE

Please list in order of preference your top 3 rotation months. Requests are strongly considered but not guaranteed. Rotations are offered during the last two weeks of each month except in May, June, July, November, and December.

Preference #1 _____ Preference #2 _____ Preference #3 _____

STATEMENT OF INTEREST (200-word limit)

Please describe your interest in the Primary Care Sports Medicine visiting resident rotation at UNC Chapel Hill and indicate whether you will be applying to a Primary Care Sports Medicine fellowship in the future.