

**utmb**

# Health

Preventive Medicine  
Residencies

## RESIDENCY APPLICATION

Insert / Attach Photo Here

**PLEASE SELECT RESIDENCY YOU ARE APPLYING FOR:**

- Aerospace Medicine                       Aerospace/Internal Medicine  
 General Preventive Medicine            General Preventive/Internal Medicine

APPLICATION YEAR: \_\_\_\_\_ PREVIOUS APPLICATION:  YES \_\_\_\_\_ YEAR  NO

Full Legal Name:	(Last)	(First)	(Middle)	(Suffix- Jr, Sr, III etc)
Current Address:	(Street)	(City)	(State)	(Zip)
Do not use after: _____	(Telephone)	(SS#)	(Date of Birth)	
City of Birth:	Country of Birth:			
Permanent Address:	(Street)	(City)	(State)	(Zip)
Prior financial (education) military service or other obligations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain:				
<b>REQUIRED:</b>				
Premedical Training:	Degree:		Dates:	
Medical School:	(Address)	(City)	(State)	
	Degree:		Exact Date of Completion:	
Internship:	(Type)	(Program / Facility)	State:	
	ACGME Program #		Training Dates:	
Residency:	(Type)	(Program / Facility)	State:	
	ACGME Program #		Training Dates:	
Other Postgraduate Education:	(Type)	(Program / Facility)	Training Dates:	
Significant Memberships: (Medical Societies, Professional Organizations, Honorary Societies)				
Awards/ Honors:				
Significant Publications:				

<b>Significant Courses/Rotations:</b>		
<b>Career Goals:</b> (Clinical interests, subsequent training, type of practice and/or location)		
<b>Outside Interests:</b> (Flying, computers, volunteering, etc.)		
<b>REFERENCES:</b> (3 required: letter of recommendation must accompany application)		
<b>Residency Director:</b> (combined applicants- faculty reference)	(Name/Title)	(Facility)
<b>Faculty:</b>	(Name/Title)	(Facility)
<b>Academic:</b> (Undergraduate/Graduate faculty)	(Name/Title)	(Facility)

**PERSONAL STATEMENT – Submit as a separate attachment**

This should include the basis for your interest in preventive medicine (aerospace or general preventive medicine)

**Please attach or mail the following required supporting documents:**

- This application filled out entirely
- Copies of transcripts for undergraduate, medical school and graduate training (if applicable)
- Copy of internship and/or residency certificate of completion (if applicable)
- Curriculum vitae
- Current copy of ECFMG certificate (if applicable)
- Three letters of reference (one must be from your current or former program director/program)
- Personal statement (as noted above)
- Copies of USMLE scores 1, 2 and 3 (if applicable)

**May also be mailed to:**

Program Manager  
Preventive Medicine Residencies  
University of Texas Medical Branch  
301 University Boulevard  
Galveston, TX 77555-1110

Signature \_\_\_\_\_

Date \_\_\_\_\_

**[CLICK TO SUBMIT COMPLETED APPLICATION AND ATTACH ALL SUPPORTING DOCUMENTS](#)**