



Attach Photo Here



Brown Medical School Urology Residency Program

Applying for Urology Year Beginning July 1, _____

Name: _____

Local Address: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Social Security #: _____

DOB: _____ Birthplace: _____ Citizenship: _____

Married: No Yes Spouse's Name: _____ Occupation: _____

AUA Match #: _____



Education:

Premedical College: _____ Degree: _____ Date Completed: _____

Graduate School: _____ Degree: _____ Date Completed: _____

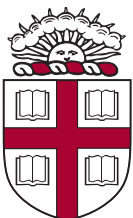
Medical School: _____ Degree: _____ Date Completed: _____

National Board Examination Results: _____

Postdoctoral Training: _____

Publications: _____

Research Experience: _____



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**If the answer to any of the following questions is yes,
please give full details on a separate page:**

1. Has your limited medical registration/license to practice your profession in any jurisdiction ever been limited, suspended, or revoked? No Yes
2. Have you ever been convicted of any felony? No Yes
3. Do you have or have you had any impairment, physical or mental, which would interfere with your ability to perform the essential functions of the program to which you are applying? No Yes
4. Have any judgments or settlements been made against you in professional liability (malpractice) cases or are there any pending? No Yes

In making application for appointment to a residency program at Brown University, I understand that application involves investigation of the qualification of applicants, and I consent to such an investigation. To assist in obtaining such information of my qualifications, I agree that Brown University, its individual residency programs, employees, and agents may seek information concerning my qualifications from all appropriate sources. I also consent to the supplying of such information and to the distribution and discussion of such information to appropriate personnel at Rhode Island Hospital, and I hereby release from liability any party who in good faith provides such information. I also agree to execute any authorization documentation that may be requested of me in connection with the foregoing.

Application Procedure Credentials:

1. Dean's Letter
2. Transcript
3. Three Letters of Recommendation
4. USMLE
5. ECFMG (International Students)

Please indicate from whom you have requested letters of recommendation:

1. _____
2. _____
3. _____

Date: _____

Signature of Applicant: _____