SF MATCH

Central Application Service

Adult Cardiothoracic Anesthesiology

Name: _____

Applicant ID: _____

PERSONAL DATA

Name (Last)	Name (First)	Name (Middle)

Address where you can best be reached:	Day Phone: Mobile Phone: Email:
Address where you can best be reached:	Day Phone: Mobile Phone: Email:

Are you a U.S. Citizen? ☐ Yes ☐ No	Visa Status (if applicable): ☐ Permanent ☐ J-1 ☐ H-1B ☐ Other _____	Do you have military service obligations? ☐ Yes ☐ No

PREREQUISITES

I have passed the following examinations:

USMLE Step 1:

Date: _____ 3-digit score: _____ 2-digit score: _____ Number of times taken: _____

USMLE Step 2 CK:

Date: _____ 3-digit score: _____ 2-digit score: _____ Number of times taken: _____

USMLE Step 2 CS: ☐ Pass ☐ Fail Number of times taken: _____

USMLE Step 3:

Date: _____ 3-digit score: _____ 2-digit score: _____ Number of times taken: _____

I expect to take USMLE Step 3 exam in _____ and should receive my score in _____

IN SERVICE SCORES	Clinical Base Year	CA-1	CA-2	CA-3
SCORE				
PERCENTILE				

ABA Status:

☐ Certified
☐ Board Eligible
☐ In Training

I have previously passed the following exam(s) which are still valid:

☐ NBME ☐ ECFMG ☐ FLEX ☐ COMLEX ☐ OTHER:_____

I am licensed in the States of:

ECFMG Registration Number(if applicable): _____

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EDUCATION

List your college, medical school and graduate level experience in chronological order (most recent first)

School/Medical Facility/Institution	Major/Specialty	Dates Attended From (mo/yr) to (mo/yr)	Degree / Date Granted	GPA (if noted on transcript)

List any honors(such as AOA) obtained in medical school:

TRAINING

INTERNSHIP Program Name, City, State	Type of Internship	Dates Attended	Program Director
RESIDENCY Program Name, City, State	Type of Residency	Dates Attended	Program Director
FELLOWSHIP (If applicable) Program Name, City, State	Type of Fellowship	Dates Attended	Program Director

Have you ever been discharged/terminated/failed to have a contract renewed by a training program? ☐ Yes ☐ No

Have you ever resigned from a training program? ☐ Yes ☐ No

Please explain any "Yes" answers to the above, ***as well as any gaps in training****:*

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LETTERS OF REFERENCE

Three letters of reference are required. ***One letter from your training program director is required****.The other two letters should be from objective physicians (i.e, not relatives or family friends) who have direct personal knowledge of your skills and ethics.Please indicate below the letters of reference that are part of your application.*

Letter of Reference #1(Training Program Director)

Name and Title:

Institution:

Address: | Phone:

☐ I have waived access to this letter and have informed the author of this confidentiality.

☐ I desire access to the above letter and have informed the author.

Letter of Reference #2

Name and Title:

Institution:

Address: | Phone:

☐ I have waived access to this letter and have informed the author of this confidentiality.

☐ I desire access to the above letter and have informed the author.

Letter of Reference #3

Name and Title:

Institution:

Address: | Phone:

☐ I have waived access to this letter and have informed the author of this confidentiality.

☐ I desire access to the above letter and have informed the author.

Past and Present Employment: Employer	City and State	Dates Employed From (mo/yr) to (mo/yr)

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Research Activities, papers and/or additional information:

List authors and complete reference in chronological order (most recent first)

Publications:

Grants or Other Research Activities:

Have you ever been named in a malpractice suit?

☐ Yes ☐ No *(If yes, please explain below):*

Name of Agency	Date	Circumstances	Final Action	Under Appeal? *(Yes/No)*

Have you ever had your medical license suspended/revoked/or voluntarily terminated?

☐ **Yes** ☐ **No**

Have you ever been convicted of or plead guilty/no contest to a felony?

☐ **Yes** ☐ **No**

Have you ever been charged with use or possesion of illegal drugs?

☐ **Yes** ☐ **No**

Is there anything in your past that would limit your ability to obtain a medical license or receive hospital priviledges?

☐ **Yes** ☐ **No**

Please explain any "Yes" answer to the above questions:

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Please explain what inspired you to enter the field of Cardiothoracic Anesthesiology. What experiences have you had in the field so far? What are your ultimate career goals?

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PERSONAL STATEMENT(continued)

I certify that the information in this application is true and complete and that I have not withheld information that might significantly affect my qualifications for residency training. I authorize any training program that receives this application to contact any or all of my former employers, educational institutions and/or other persons or organizations who may have information relevant to my application.

I understand that any information obtained will be treated as confidential information.I authorize SF Match to use any information I have provided to SF Match,in any study approved by SF Match, provided that no information clearly and uniquely identifiable with me is disclosed in reports resulting from such study.

I intend to complete all prerequisites before the start of my fellowship training. I understand that any contract or match result will be void if I do not satisfactorily complete my prerequisite training or if I fail to meet other requirements that have been explicitly stated to all applicants.

Signature: _____ Date: _____