APPLICATION FOR CLINICAL TRAINING
DIVISION OF
OCCUPATIONAL AND ENVIRONMENTAL MEDICINE
DEPARTMENT OF MEDICINE
UNIVERSITY OF CALIFORNIA SAN FRANCISCO
SAN FRANCISCO, CALIFORNIA 94143

Please return completed application to:
Occupational and Environmental Medicine Residency and Fellowship Program
University of California, San Francisco
1001 Potrero Ave, Bldg 30, suite 3500
San Francisco, CA 94110
Fax: (415) 206-8979

Applications accepted August 1st – October 15th

CONTACT INFORMATION:

Name:

Current job title:

Permanent Mailing Address:

Current Mailing Address:

Telephone numbers:   Cell:   Home:   Other (specify):

Email address:

LICENSE AND BOARD CERTIFICATION:

Licensed to practice medicine in State of: License No.:

Passed National Boards
Step 1: ☐ Date:
Step 2: ☐ Date:
Step 3: ☐ Date:

Specialty Board Certification:
Specialty: Date passed:
Certified through date:

If you are a Foreign Medical Graduate, have you passed the:
FMGEM: ☐ Certificate date:
Certificate Number:

VQE: ☐ Certificate Date:
Certificate Number:

*Proof of UC citizenship or eligibility for US employment will be required upon hire in accordance with regulations established pursuant to the Immigration Reform Act of 1986.
** Please see FAQs at http://coeh.berkeley.edu/ucsfoem/faq.html for additional information about foreign graduates.
**LANGUAGE:**
Language skills other than English

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**EDUCATION:**

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<th>College or University:</th>
<th>Dates:</th>
<th>Degree:</th>
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<td>Other Educational Program:</td>
<td>Dates:</td>
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<td>Medical/Osteopathic school:</td>
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<th>Internship</th>
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<th>Hospital:</th>
<th>Program Director:</th>
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<td>Specialty:</td>
<td>Hospital:</td>
<td>Program Director:</td>
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Total years of successful medical postgraduate training (internship, residency, fellowship):

**EMPLOYMENT** (professional or scientifically related):

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<th>DATES</th>
<th>SUPERVISOR</th>
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**ADDITIONAL INFORMATION:**

Scholastic Societies:

Honors and Awards:

Previous Research and Scientific Investigations:

Publications:
PERSONAL STATEMENT

Please attach a 1-2 page essay statement describing your interest and experience in Occupational and/or Environmental Medicine. Please describe your career goals or professional plans. The personal statement must be original, i.e. in your own words.

REFERENCES:
A Dean’s letter, a letter from your current (or most recent) Program Director, and two additional letters of recommendation are required. You are expected to solicit these letters yourself.

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*REMINDER* THERE ARE ADDITIONAL ITEMS AND APPLICATIONS REQUIRED:
1. Please see the separate document “Applicant Checklist” for a list of required materials
2. All applicants who do not already have an MPH or equivalent degree must also complete an application to the University of California, Berkeley, School of Public Health: http://sph.berkeley.edu/students/admissions/howto.php
   There are two applications required to apply to UCB:
   - The UCB Graduate Division Application: Environmental Health Sciences
   - The SOPHAS Application (http://www.sophas.org/)
PRIVACY NOTIFICATION STATEMENT

The information collected is used to satisfy the educational mission of the University and its legal obligations, including determination of eligibility, assessment and evaluation of professional qualifications.

With the exception of the Affirmative Action data, all information requested is mandatory. If the information is not provided, the application will be deemed incomplete and not considered by the Program. The information you provide will be reviewed by the Departmental Residency selection committee and may be released pursuant to applicable Federal or State law. The privacy of your file will be the responsibility of the Department.

Individuals have the right to review their own record in accordance with the Information Practices Act and University policy. Information on these policies may be obtained from the training Program to which you have applied and where your file is maintained.

I hereby authorize representatives of the School of Medicine to contact any or all of my former employers, educational institutions attended, or other persons or organizations determined to have information relevant to my application for clinical training. I further consent to such persons and organizations releasing relevant information to the School of Medicine notwithstanding that it might otherwise be confidential. I understand that any information obtained by the School of Medicine will be treated as confidential personal information. I hereby certify that I have read and understood all statements and questions on this application and that my responses are true and complete to the best of my knowledge. If employed, I understand that falsification of this record may be considered cause for my termination.

_________________________     ____________________________
Signature of Applicant                  Date
AFFIRMATIVE ACTION FORM

NAME ___________________________________________ DATE_____________________________

Furnishing information on this form is not required, but it is extremely helpful to our affirmative action activities. Please see the next page for further information.

____ (F) White (not of Hispanic origin)
____ (A) Black/Afro-American (not of Hispanic origin)
____ (B) Asian or Pacific Islander Chinese/Chinese-American, Japanese/Japanese American, Filipino/Philippino, Pakistan/East Indian, Other Asian.
____ (C) American Indian or Alaskan Native
____ (E) Hispanic Mexican/Mexican American/Chicano, Latin-American, Latino, Other Spanish/Spanish-American

____ (F) Female
____ (M) Male

____ (A) Vietnam Era Veteran (non-disabled)
____ (B) Vietnam Era Veteran (disabled)
____ (C) Disabled Person (non-veteran)
____ (D) Non-Vietnam &a Veteran (disabled)

____ (X) I have read this form and do not wish to provide the information requested.

Handicap: The following optional information is requested in connection with voluntary action efforts being taken by this campus to increase participation of qualified handicapped students in our programs and activities. The information will be kept confidential and will be used only in accordance with the implementing regulations to Section 504 of the Rehabilitation Act of 1973. Refusal to provide the information will not result in adverse treatment, and it is to be used solely for the purpose of recruitment. The campus is developing specialized resources to reduce barriers to students with disabilities. Please identify any disability you have so the campus may contact you and let you know of any resources and services we can provide.

________________________________________________________________________________________________
Privacy Notification Statement

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who supply information about themselves:

The principal purpose for requesting the information is for use in compiling statistical reports. This information may be used in limited circumstances by the University to achieve affirmative action objectives. Maintenance of the information is authorized by University policy.

Furnishing this information is voluntary. There is no penalty for not providing the information. Information furnished will be transmitted to State and Federal agencies if required by law.

Individuals have right of access to these records as they pertain to themselves.

In accordance with applicable State and Federal laws, the University of California, San Francisco does not discriminate in any of its policies, procedures, or practices on the basis of race, color, national origin, religion, sex, handicap, age, veteran status, medical condition (as defined in Section 12926 of the California Evidence Code), ancestry, marital status, or sexual preference nor does the University discriminate on the basis of citizenship, within the limits imposed by law or University policy.

In accordance with applicable law and University policy, the University of California, San Francisco is an affirmative action/equal opportunity employer.

Inquiries regarding the University's equal opportunity policies may be directed to: Affirmative Action Coordinator, University of California, San Francisco, (415) 476-4752.

DEFINITIONS

The following definitions have been extracted from the Department of Labor regulations implementing Section 503 of the Rehabilitation Act of 1973 and Public Law 38 of the U.S. Code Sections 2011 and 2012, Part 20-250.

"Handicapped individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such in impairment. For purposes of this Part, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of handicap.

"Disabled veteran" means a person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

"Veteran of the Vietnam era" means a person (1) who (i) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975, and (2) who was so discharged or released within 48 months preceding the alleged violation of the Act, the affirmative action clause and/or the regulation issued pursuant to the Act.