

**APPLICATION FOR RESIDENCY IN OCCUPATIONAL MEDICINE**  
**UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA)**

*Minimum Requirements*

Medical degree from an accredited school, at least one year of clinical residency in a primary care specialty, and eligibility for a license to practice medicine in California. All PGY2's must have taken USMLE Step 3 prior to Nov. 1 of the PGY 2 year. Applicants must be able to obtain a valid California Medical License by the start of their PMD-3 year. **Please note: we do not offer PGY-1 positions.**

**Please return completed application to:**  
Philip Harber, M.D., M.P.H.  
Professor and Chief  
Division of Occupational and Environmental Medicine,  
UCLA Department of Family Medicine  
10880 Wilshire Blvd., Ste. 1800 Los Angeles, CA 90024

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) (home)

\_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) (work)

email: \_\_\_\_\_

**Academics** –List all colleges (including undergrad), universities or professional schools you have attended:

<u>Name of School</u>	<u>Dates</u>	<u>Degree(s)</u>	<u>Field</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Internship/Residencies** (List ALL programs, whether or not completed; add pages if needed.)

<u>Institution</u>	<u>Dates</u>	<u>Specialty</u>	<u>Boards</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Other Experience</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

U.S. Citizen Yes \_\_\_ No \_\_\_ If No, Type Visa \_\_\_\_\_  
Medical Licensure? Yes \_\_\_ No \_\_\_ If Yes, What state(s) \_\_\_\_\_

I verify that the above information is correct.

(signature) \_\_\_\_\_ date \_\_\_\_\_

## **REFERENCES**

**Please provide 3 references for persons who are familiar with your professional work.  
Please ask each to forward a letter of recommendation.**

1. Name:

Position:

Address:

Phone/ e-mail:

2. Name:

Position:

Address:

Phone/ e-mail:

3. Name:

Position:

Address:

Phone/ e-mail:

**I give permission to contact the program directors of my former or current training programs for additional information.**

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

To complete the application, applicants must provide:

1. Transcripts of **all** academic training, including but not limited to all **undergraduate** academic training (unofficial transcripts are acceptable).
2. Three (3) letters of recommendation covering medical school and beyond.
3. A written statement of why you have an interest in Occupational – Environmental Medicine and describing your career goals. (500 words or less).
4. Results of Medical Aptitude Tests.
5. Copy of your medical school diploma OR a letter from your Registrar's office certifying that a diploma was awarded to (the graduate) on (date).