

**UCLA Department of Family Medicine International
Medical Graduate (IMG) Program David Geffen
School of Medicine
Application**

PROGRAM ELIGIBILITY:

UCLA INTERNATIONAL MEDICAL GRADUATE PROGRAM: ELIGIBILITY AT A GLANCE			
STATUS	YES	NO	COMMENTS
U.S. Citizen or Permanent Resident	<input type="checkbox"/>	<input type="checkbox"/>	If NO, please STOP as you do not meet criteria.
Is your medical school(s) listed on the Medical Board of California (MBC) website: http://www.mbc.ca.gov/Applicants/Medical_Schools/Schools_Recognized.aspx	<input type="checkbox"/>	<input type="checkbox"/>	If NO, please STOP as you do not meet criteria
Resided and/or studied a minimum of 6 years in a Latin American country	<input type="checkbox"/>	<input type="checkbox"/>	If NO, please STOP as you do not meet criteria
Did you FAIL USMLE Step exams more than once?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, please STOP as you do not meet criteria
IF APPLICABLE, Did you complete a residency training program outside of the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please provide specialty: _____

Note: This application should only be completed by those who meet eligibility.

Please check the appropriate program:

Program A (USMLE Step 1) **Program B (USMLE Step 2CS &CK)** **Program C (USMLE Step 3)**

INSTRUCTIONS: Type or Print

Your application will be considered complete once all of the items on the checklist (on page 7) are received.

1. PERSONAL DATA

(Personal Data, including your gender and ethnicity, will remain confidential and will only be used to satisfy reporting requirements set by program funding agencies.)

Last Name First Middle

Permanent Resident I.D. Number U.S. Citizen __Yes __No

Country of birth How long in the U.S. (Months) _____

Birth Date: _____ Visa Type/No: _____

Gender: M F E-mail Address: _____

CURRENT Address (if different than Permanent Address) Apt. No.

City State Zip Code

PERMANENT Address Apt. No.

City State Zip Code

Current Telephone: _____ Permanent Telephone: _____ Cell Phone: _____



Ethnicity: _____

[American Indian (AI) / Asian/Pacific-Islander (A/PI) / Black (B) / Hispanic (H) / White (W)]

Applicant's first spoken language:

- English only
- Spanish only
- English & Spanish
- Other non-English specify: _____

2. EMERGENCY CONTACT

Last Name First Middle Relationship

Home Phone: _____ Work Phone: _____ Cell Phone: _____ NO _____

3. EDUCATIONAL DATA: Please Submit Copies of Official Transcripts

List all colleges, graduate and professional schools attended.

3.1 Does your medical school appear as a recognized school by the Medical Board of California?

(You can check the Medical Board of California website <http://www.medbd.ca.gov/applicant/schools.html>)

YES _____

Institution	Location City/State/Country	Dates of Attendance (mm/yyyy – mm/yyyy)	Major/Area of Focus	Date of Graduation Date Degree Granted (mm/yyyy)	GPA at Graduation Provide scale (e.g. 8/10)
Medical School:					
Social Service:					
Residency Training: (Specialty)					
Other Graduate School:					
Other:					



3.2 Do you have any gaps or interruptions in attendance while you were in medical school? If so, what year and for how long and what was the reason for the interruption in attending medical school?

3.3 TIMELINE OF ALL ACTIVITIES from year of graduation to present; explain any gaps!!!

Beginning from your year of graduation to present, please provide a timeline of activities including, location, month, and year of activity. **Please complete information below.**

For example: Year of Graduation: June 2011

June 2011 to August 2011: Private practice in México at XYZ clinic. In August 2011 I came to the U.S.

August 2011 to Dec. 2011: Studying English in community college, Los Angeles, CA.

Dec. 2011 to March 2012: Working part-time at Walmart, Los Angeles, CA.

March 2012 to Present: Studying full-time for USMLE boards on my own, Long Beach, CA.

Please list all timeline activities beginning from your year of graduation to present:

Date	Activity	Reason for Leaving

3.4 Medical Board of California: Post Graduate Training Authorization Letter (PTAL) or the California Letter is a requirement to begin a residency training program in California.

The Medical Board of California requires 1,152 hours (or 36 weeks) of direct, hands-on clinical practice experience during medical school in the following clinical subjects:

Surgery: 256 hours or 8 weeks

Medicine: 256 hours or 8 weeks

Pediatrics: 192 hours or 6 weeks

Ob-Gyn: 192 hours or 6 weeks

Family Medicine: 128 hours or 4 weeks

Psychiatry: 128 hours or 4 weeks

Please submit a sample, L5 worksheet http://www.mbc.ca.gov/Forms/Applicants/application_ptal.pdf.

4. USMLE TEST RESULTS

How many times have you taken the following examinations? Please submit copies of ALL test results- including FAILS.

USMLE 1	_____ time(s)	_____ Score(s)	_____ Date(s)
USMLE 2CK	_____ time(s)	_____ Score(s)	_____ Date(s)
USMLE 2CS	_____ time(s)	_____ Score(s)	_____ Date(s)
USMLE 3	_____ time(s)	_____ Score(s)	_____ Date(s)



5. USMLE Test Prep information?

(Please check all that may apply)

- Kaplan
- Princeton Review
- Pre-Prep Basic Science Review- Dr. Cazal
- Other: _____

6. FAMILY DATA

	<u>EDUCATIONAL BACKGROUND</u> Highest level completed	OCCUPATION
Father		
Mother		
Spouse/Significant other		

Number of children, if any: _____

6.1 Socio Economic Background (Please type replies on a separate document)

1. Describe any specific difficulties in your life. Include how you dealt with them and their influence upon your personal development.
2. How did you finance your medical school education?

7. MEDICAL PRACTICE HISTORY (after medical school)

Employer	Location City/State /Country	Address & Contact Information	Dates of Practice mm/yy – mm/yr	Reason for Leaving



8. EMPLOYMENT HISTORY

Present Employment Status:

- Employed full-time
- Employed part-time (_____ hours/week)
- Not currently employed

Please list all employment for the past 3 years starting with most current:

Employer/Supervisor	Location City/State/Country	Address & Contact Information	Job Title	<u>Start/End</u> <u>Date</u> mm/yy- mm/yy	Reason for Leaving

9. STATEMENT OF INTENT

Please attach a typed 2-3 page concise statement of intent addressing the following:

- Why did you study medicine?
- For any period of time, did you experience an interruption during medical school? If yes, please explain.
- What did you learn in medical school?
- Your knowledge in the field of Family Medicine.
- Describe your experience in Family Medicine (including your medical school's orientation to Family Medicine, your clerkships in Family or Community Medicine, or any extra-curricular experiences in Family Medicine).
- Skills you possess that a family physician would value.
- What factors contributed to you immigrating to the US?
- What do you hope to achieve in a Family Medicine residency?
- Your personal and professional goals.
- Upon completion of this program and a Family Medicine residency, describe where you would likely work and the type of patient population you would serve.



10. LETTERS OF RECOMMENDATION

Please submit two letters of recommendation from an instructor, academic advisor or employer.

11. APPLICATION DEADLINES

Applications for all programs are accepted throughout the year. Finalists will be notified via email and granted an interview with the program.

12. APPLICATION CHECKLIST:

- Completed and signed application form with copies of official medical school transcripts (If applicable, residency transcripts)
- Copy of Social Security Card (If selected, at time of interview)
- Copy of Permanent Resident ID card and Visa (If selected, at time of interview)
- Copy of degree/diploma (if not issued, when do you expect to receive it _____) both in Spanish and English (Please refer to Medical Board of California PTAL section on approved "Translation of foreign academic credentials")
- Copy of USMLE Step 1 score reports (All passed & failed scores)
- Copy of USMLE Step 2 CK score reports (All passed & failed scores)
- Copy of USMLE Step 2 CS score reports (All passed & failed scores)
- Copy of USMLE Step 3 score reports (All passed & failed scores)
- Copy of PTAL "California Letter" (Program C applicants, if available)
- Copy of ECFMG Certification (Program C applicants, if available)
- Completed L5 form
- Completed socio economic background
- Completed statement of intent
- Wallet size photo attached to an index card which contains your full name, email address, current and permanent address, telephone numbers as well as emergency contact address and telephone numbers.
- Two letters of recommendation
- If applicable, name of Medical Board of California analyst

13. INSTRUCTIONS:

1. Please submit completed applications to fmimgprogram@mednet.ucla.edu. After submitting the application form online, please mail completed application package: copies of your official medical school transcripts, medical school degrees, and permanent residency card along with all USMLE pass and fail attempts and a check money order for \$75.00 payable to "UC Regents".

2. Please mail COMPLETED Application Package to:

UCLA International Medical Graduate Program
1920 Colorado Ave. 2nd Floor
Santa Monica, CA 90404

Email all inquiries to: fmimgprogram@mednet.ucla.edu

The program advisory panel will review the application and notify applicants whether they have been selected to *interview*. Each applicant will receive notification of the panel's decision.



14. ATTESTATION OF ACCURACY AND PARTICIPATION

Please initial	
	I certify that the above information is true and correct. I agree to provide, if requested, any official documentation necessary to verify this information. I understand that false statements or misrepresentation on this form may result in cancellation of admission to the UCLA Department of Family Medicine International Medical Graduate (IMG) Program – David Geffen School of Medicine at UCLA.
	I confirm that I have completed the clinical clerkships as required by the California Medical Board in order to obtain the Post Training Authorization Letter (PTAL). Additional information may be found at: http://www.medbd.ca.gov/applicant/application_international.pdf).
	If accepted to UCLA IMG Program, I will participate fully in the program and abide by all the rules and regulations as stipulated by the program.
	If accepted to the UCLA IMG Program and I successfully advance to and complete Program C, I agree to volunteer a minimum of eight (8) hours per week to facilitate communication between Spanish-speaking patients and the health care team.
	I agree to apply to any and all California Family Medicine residency training programs, regardless of location. I understand that this may require <i>relocation</i> .
	I fully understand that if I do not “match” in a Family Medicine Residency Program in California immediately after completing the program, then I will be obligated to work with the program to prepare for the next match year.
	I fully acknowledge that upon completion of a three-year Family Medicine Residency Program in California, I will work full-time in an underserved area in California approved by the program directors.
(Optional)	My contact information may be provided to Kaplan Test Prep Center in Pasadena, CA or other educational institutions.

I understand the commitment to serve in a California medically underserved community immediately following completion of a California Family Medicine Residency Training Program as applicable to this application (please initial as applicable below.)

If, for any reason, I breach this contract, at any time once accepted to the program, I will be compelled to compensate the program up to triple the average cost per IMG graduate up to \$120,000.

_____ for a 3-year period if accepted into Program A or Program B

_____ for a 2-year period if accepted into Program C

Signature: _____

Date: _____



