UCLA Primary Care Sports Medicine Fellowship
Resident Rotation Application Form

Please complete the form below and attach a current CV as well as a brief paragraph outlining your interest in sports medicine (Statement of Interest). Please email all forms to Carole Barrinuevo at cbarrinuevo@mednet.ucla.edu.

PERSONAL DATA

Full Name: _____
Last First Middle

Present Mailing Address:

_____
Street Address

_____
City State Zip Code

Telephone:
Home ( ) _____ Work ( ) _____Cell ( ) _____

Email: _____

US CITIZEN: YES_____ NO_____

If not a citizen:

- PERMANENT RESIDENT____
- J-1____
- H-1 ___
- OTHER (please specify) ____

EDUCATION

Undergraduate Education

_____ _____
Institution Name Institution City/State

Attended From _____ To _____ Degree awarded: _____

Graduate Education (Medical and Masters or Doctoral Program)

_____ _____
Institution Name Institution City/State

Attended From _____ To _____ Degree awarded: _____

_____ _____
Institution Name Institution City/State

Attended From _____ To _____ Degree awarded: _____

Postgraduate Medical Education:

Internship: (if more than one, please provide additional information on a separate sheet)

Institution	Specialty	From (Month/Day/Year)	To (Month/Day/Year)

Residencies: (if more than one, please provide additional information on a separate sheet)

Institution	Specialty	From (Month/Day/Year)	To (Month/Day/Year)

Fellowships: (if more than one, please provide additional information on a separate sheet)

Institution	Specialty	From (Month/Day/Year)	To (Month/Day/Year)

LICENSE INFORMATION/CERTIFICATION

USMLE Step I _____ (Date) _____ (Scores)

USMLE Step II _____ (Date) _____ (Scores)

USMLE Step III _____ (Date) _____ (Scores)

COMLEX
(for DO training)

Level I _____ (Score) Level II _____ (Score) Level III _____ (Score)

ECFMG number /date (if applicable) _____

Board Certified? If "yes" enter name of Board and Year Certified _____

LICENSURE:
State _____ Number _____ Date _____ Type _____ Expiration _____

ROTATION PREFERENCE

Please list in order of preference your top 3 rotation months. Requests are strongly considered but not guaranteed.

Preference #1_____ Preference #2_____ Preference #3_____

STATEMENT OF INTEREST (200-word limit)
Please describe your interest in the sports medicine elective at UCLA and indicate whether you will be applying to a sports medicine fellowship in the future.