

Program Name:

A University of Wisconsin Hospital and Clinics sponsored GME program

Application Deadline:

Thank you for your interest in Graduate Medical Education at the University of Wisconsin Hospital and Clinics. Here is checklist of items needed for your application to be considered complete. For students and graduates of non-LCME accredited medical schools (IMGs) please see the reverse side.

US Graduates

- UWHC Graduate Medical Education Application form (completely filled out and signed. CVs will not be accepted in lieu of the Application.)
- Current and former Program Director(s) letter of recommendation (original letters, copies will not be accepted. All former Program directors must be included)
- Signed release of information to talk with current and former program directors, other letter writers, past employers, and your medical school.
- Original transcripts from NBME (USMLE scores) or NBOME (COMLEX scores). (All scores must come directly from examining group, copies will not be accepted.)
- Other letters of recommendation (minimum of 2—our program requires _____ Copies will be accepted.)
- Medical School Transcript (must come directly from Medical School, non-certified copies will not be accepted)
- Medical School Letter of Evaluation (formerly known as the Dean's letter). Copies will be accepted.
- Personal Statement. Please write a current one for this application.

Please return all materials to:

Program Name
Address
Attention:

Program Name:

A University of Wisconsin Hospital and Clinics sponsored GME program

Application Deadline:

Thank you for your interest in Graduate Medical Education at the University of Wisconsin Hospital and Clinics. Here is checklist of items needed for your application to be considered complete. (For students and graduates of LCME accredited medical schools (US Graduates) please see the reverse page.

International Medical Graduates

UWHC Graduate Medical Education Application form (completely filled out and signed. CVs will not be accepted in lieu of the Application.)

ECFMG certificate (must be complete prior to applying).

Current and former Program Director(s) letter of recommendation (original letters, copies will not be accepted. All former Program directors must be included) IMG's must have at least one letter from a program director certifying one year of US clinical experience.

Signed release of information to talk with current and former program directors, other letter writers, past employers, and ECFMG.

Original transcripts from NBME (USMLE scores) or NBOME (COMLEX scores). (All scores must come directly from examining group (ECFMG is OK), copies will not be accepted.)

Other letters of recommendation (minimum of 2—our program requires _____ Copies will be accepted.)

Medical School Transcript (from ECFMG)

Medical School Letter of Evaluation (if available, in English) Copies will be accepted.

Personal Statement. Please write a current one for this application.

Please return all materials to:

Program Name

Address

Attention: