

UNIVERSITY OF CALIFORNIA, DAVIS

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SANTA BARBARA • SANTA CRUZ



DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES
RESIDENCY TRAINING OFFICE
(916) 734-2614

UNIVERSITY OF CALIFORNIA DAVIS
MEDICAL CENTER, SACRAMENTO
2230 STOCKTON BOULEVARD
SACRAMENTO, CA 95817

APPLICATION FOR FELLOWSHIP IN PSYCHOSOMATIC MEDICINE

PGY-5

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Phone (Day) _____ Phone (Evening) _____ Pager _____

If you are not a U.S. citizen, do you have the legal right to remain in the U.S.? Yes No

If you are a non-immigrant, please indicate your type of visa: _____

ECFMG certificate number _____ Valid through (MM/YY): _____

A current and valid California medical license is required for appointment to the residency training program.

Licensed to practice in the following states:

State _____ License No. _____ Valid through (MM/YY): _____

State _____ License No. _____ Valid through (MM/YY): _____

Are you board certified? Yes No

Board name _____

DEA Registration Number (if applicable): _____ Expiration (MM/YY) _____

Are you now, or have you ever been, excluded from participating in any federal or state health care program?

Yes No

EDUCATION

College and Address

_____ Graduated (MM/YY) _____

College Major _____

Medical School and Address

_____ Graduated (MM/YY) _____

Residency Training Program and Address

PGY

Completed (MM/YY)

Residency Training Program and Address	PGY	Completed (MM/YY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors and Awards

Research Experience (including publications)

Has your education been continuous other than for vacation? Yes No

If not, please describe how you spent time not in school.

Community or Avocational Activities: (You may exclude those which indicate race, creed, sex, marital status, age, color, national origin or physical handicap.)

Membership in Professional Societies: (You may exclude those which indicate race, creed, sex, marital status, age, color, national origin or physical handicap.)

Has your medical license ever been suspended, revoked, or involuntarily terminated?

Yes No

Explain

Have you ever been named in a malpractice case?

Yes No

Explain

Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges?

Yes No

Explain

Have you ever been convicted of a felony?

Yes No

Explain

If needed, use additional paper to complete your answers to the following questions:

How did you become interested in the field of psychosomatic medicine?

What has led you to be specifically interested in the psychosomatic medicine fellowship program at UC Davis?

In addition to this application, the following documents are required:

- A curriculum vitae
- Three letters of recommendation from psychiatrists familiar with your work and a letter from your general psychiatry residency training program director
- A copy of your medical school transcript and diploma
- A personal statement of one to two pages in length
- A copy of your current medical license

Send to:

Department of Psychiatry and Behavioral Sciences
ATTN: Psychosomatic Medicine Fellowship
University of California, Davis
2230 Stockton Blvd.
Sacramento, CA 95817

Training Director

Phone Number

In checking the box below I authorize UC Davis Psychiatry and Behavioral Sciences to contact my present/former medical education director or training director with regard to my residency training application.

Applicant's Authorization