

## **GME Residency/Fellowship Application**

**Thank you for considering the University of Texas MD Anderson Cancer Center for your training. Application files will be reviewed only after receipt of all required material. We will begin accepting applications for the 2028-2029 academic year in the Fall of 2026.**

**Academic Year:**

**Appointment Type:**

**Division Name:**

**Program Name:**

### **Biographical Information**

Applicant Name:

First:

Middle:

Last:

Maiden Name:

Social Security #:

### **Addresses**

Current Mailing:

Permanent Mailing:

### **Emergency Contact Information**

Full Name:

Relationship:

Telephone:

Mobile:

Email:

### **Citizenship Data**

Citizenship:

Do you currently have a visa, or have a Green Card?

Type:

### **Miscellaneous**

Have you ever been convicted of a felony?

Have you ever been employed by the University of Texas MD Anderson Cancer Center?

Have you ever been employed by another University of Texas component or another agency of the State of Texas?

If yes, List agency and dates of service:

**Demographic Information**

Date of Birth:

Gender:

Location:

Ethnicity:

Armed Forces?

**Postgraduate Education Training**

**Academic History – Medical School**

School Name:

Location:

Degree Type:

Start Date:

Graduation Date:

**Academic History – Residency Program**

School Name:

Location:

Specialty:

Start Date:

Graduation Date:

**Academic History – Fellowship Program**

School Name:

Location:

Specialty:

Start Date:

Graduation Date:

**Specialty Board Certifications**

USA Based Program Board Specialty:

Date of Certification:

Recertification Required:

Latest Date of Recertification:

**Professional Licenses/Training Permit**

License:

Training Permit:

NPI Number:

### **Licensure Exam History**

\*List scores on licensure exams (USMLE, FLEX, SPEX, LMCC, NBME, or NBOME/COMLEX-USA).

**Maximum three attempts per step/part/level.** LMCC- Part 1, Registration and Examination Summary. ( Part 2 is not required as of 2021)

<b>Exam Name:</b>	<b>Exam Component</b>	<b>Exam Date</b>
USMLE	Step 1	
USMLE	Step 2 CK	
USMLE	Step 3	

### **Additional Questions**

1. Has your license to practice medicine in the U. S. ever been denied, limited, suspended, revoked or not renewed?
2. Have any disciplinary actions been initiated or are any pending against you by any State Licensure board?
3. Has your Federal/State controlled substances or narcotics registration ever been limited, revoked, suspended or not renewed, voluntarily or involuntarily, and is such registration subject to any pending challenge?
4. Provide DPS Controlled Substances Registration Number, if applicable:
5. Have you ever held a Texas Medical License?
6. Have you ever held a training permit issued by the Texas Medical Board?

### **Statement of Intent**

\*Please attach document in Word or PDF format

### **Disclosure**

#### **Acknowledgement**

I understand that all application material submitted to The University of Texas MD Anderson Cancer Center becomes the property of MD Anderson and is not returnable. I also understand that MD Anderson is not obligated to furnish me with duplicate copies.

I understand that the information submitted herein will be relied upon by MD Anderson to determine my qualifications and eligibility for appointment and training. I authorize MD Anderson to verify the information I have provided. I understand that any omission of requested data may jeopardize my admission or subsequent academic standing at MD Anderson. I agree to notify the proper MD Anderson officials of any changes in the information provided.

I certify that the information in the application is complete, correct, and not misleading to the best of my knowledge and belief. I acknowledge the submission of any false, incomplete, or misleading information is grounds for rejection of my application, withdrawal of any acceptance offer, appointment revocation, or appropriate disciplinary action after appointment.

**Applicant Initials:**

**Release of Information**

I hereby authorize all hospitals, schools, physicians, employers, individuals, agencies or other organizations to provide MD Anderson (or its designee) with information requested by MD Anderson to verify the information I have provided in this application and to determine my qualifications and eligibility for appointment and training. I further agree not to hold such organizations (nor individuals employed by such organizations) liable for furnishing same.

In addition, I authorize The University of Texas MD Anderson Cancer Center to assist me with my application to the Texas Medical Board ("TMB") for physician-in-training permit (the "Permit"). In connection with its assistance in this regard, I authorize MD Anderson to verify any application related information and to communicate freely with the TMB with regard to my application.

I understand that I am solely responsible for the outcome of this application process. I further understand that MD Anderson does not guarantee that I will be granted a Permit by TMB and assumes no responsibility for my successful completion of the TMB application process.

**Applicant Initials:**

**Social Security Disclosure Notice**

Disclosure of your social security number (SSN) is requested as part of your application for educational appointment with The University of Texas MD Anderson Cancer Center ("MD Anderson"). During the educational appointment application process, your SSN will be used as a unique number in order to identify you within MD Anderson's current applicant tracking system. Disclosure of your SSN at the time that you apply for appointment is voluntary, but disclosure of your SSN is mandatory before you may be compensated by MD Anderson. Federal law requires MD Anderson to report income and SSNs for all trainees to whom compensation is paid. Trainee SSNs are maintained and used by MD Anderson for payroll, benefits, internal verification, and administrative purposes, to verify appointment, and to conduct background checks. MD Anderson reports SSNs to Federal and State agencies or their contractors as authorized or required by law and for benefits purposes. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

**Applicant Initials:**

**Tobacco-free Acknowledgement**

Effective January 1, 2015, MD Anderson institutes a tobacco-free hiring and appointment process as part of its effort to encourage good health and to remain true to our mission to end cancer. A urine drug screening for the purpose of detecting the presence of drugs and tobacco compounds will be performed if required as a contingency in your offer. Urine testing for drugs and tobacco compounds is required for all individuals who will be paid by MD Anderson regardless of citizenship.

**WHAT THIS MEANS TO YOU AS TRAINEE:**

If you will be paid and will be eligible for benefits at MD Anderson you will be tested for tobacco compounds as part of the urine drug screening requirements to be appointed at MD Anderson. If you do not pass the urine drug screening which includes testing for tobacco compounds, you CANNOT be appointed at MD Anderson, and you must wait for 180 days before you can re-apply for your appointment.

**Non-U.S. Citizens**

If you require a sponsored non-immigrant temporary visa to be supported or if you currently hold a sponsored non-immigrant temporary visa, it is important to understand that the urine drug test can only be performed at MD Anderson at the time you check-in or before beginning your appointment; and

Failing the urine drug test may impact your sponsored temporary non-immigrant visa including the possibility of you having to depart the U.S. and possibly not being eligible to return on a new sponsored temporary non-immigrant visa.

If you are NOT going to be paid by MD Anderson as a Trainee, then you will not have a urine drug screening performed.

**Applicant Initials:**