

**TRANSFER APPLICATION FROM OTHER INSTITUTION
LSU SCHOOL OF MEDICINE – GME OFFICE**

PLEASE PRINT LEGIBLY OR TYPE

Department: _____ House Officer Level _____ **(Circle one):**
Residency or Fellowship
(Level you will be in July)

Training Program Name/City _____
(State Combined name if is combined Program & Fellowship name if fellowship)

Begin Date (Month/Day/Year): _____ Expected End Date (Month/Day/Year): _____

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone Number _____ Immigration Status: U.S. Citizen ___ Permanent Resident ___ J-1 Visa ___

Social Security # _____ NPI# _____ Citizenship: _____

Date of Birth ____/____/____ Place of Birth: _____

Sex: ___ Male ___ Female Marital Status: S M W D Spouse's Name: _____

Race: **(Please check one)**
American Native ___ Asian or Pacific Islander ___ Hispanic ___ White ___ Black ___

List Person to Contact in case of Emergency: _____

Relationship: _____ Telephone (____) _____

EDUCATION:

Medical School: _____ City, State: _____

Dates Attended: _____ Degree & Date Received: _____

Dental School: _____ City, State _____

Dates Attended: _____ Degree & Date Received: _____

FMGEM, ECFMG or NBME Number and Date:

Number: _____ Date: _____

LA Medical License # _____ **License or Permit Expiration Date:** _____

If no License, What type of Permit? ___ Intern ___ PGY2 ___ GETP ___ Interim ___ Temp ___ Other

If Other, What type? _____

Applicant Signature _____

Date _____

POST GRADUATE TRAINING

A continuous and inclusive list of internships, residencies, fellowships, staff positions, leave of absences, etc must be provided from Medical School graduation through the current internship, residency or fellowship. Account for All Time in Chronological Order.

Month/Day/Year Started: _____ Month/Day/Year Ended _____ Specialty: _____

Hospital/School & Program: _____

City and State & Country if not U.S.: _____

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Explain any gaps in the above longer than 1 month – use additional pages if necessary.

USMLE Scores:

	Score	Number of Attempts
Step 1		
Step 2 CK		
Step 2 CS		
Step 3		

Applicant Signature _____

Date _____

Answer the following questions (Yes answers must be explained. Attach legible explanation)

		Yes	No																												
1.	Were you the subject of disciplinary action, placed on academic probation, or asked to undergo additional training or remediation during your professional training (as a student, intern, resident, fellow, or other trainee)?																														
2.	Was your professional training program extended for any reason?																														
3.	Did you leave any professional training program as defined above before completion?																														
4.	Did you surrender or fail to renew staff or clinical privileges at any hospital, clinic, or other health care entity In lieu of investigation, while under investigation or while you were the subject of disciplinary proceedings?																														
5.	For each program you attended, have you ever had: (write N/A by each that is not applicable or mark Y for those that occurred)																														
	<table border="1"> <tr><td>Remediation</td></tr> <tr><td>Probation</td></tr> <tr><td>Suspension</td></tr> <tr><td>Non Reappointment</td></tr> <tr><td>Non Promotion</td></tr> <tr><td>Termination</td></tr> <tr><td>Leaving/Left program in lieu of disciplinary action</td></tr> <tr><td>Any other disciplinary activities, If yes, please explain</td></tr> </table>	Remediation	Probation	Suspension	Non Reappointment	Non Promotion	Termination	Leaving/Left program in lieu of disciplinary action	Any other disciplinary activities, If yes, please explain	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>											<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>										
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6..	Have you failed a professional licensure or certification examination (any step/part of FLEX, USMLE, NBME, NBOME, COMPLEX-USA, SPEX/COMVEX-USA or PMLexis)?																														
7.	Have you surrendered your state or federal controlled substances permit or registration?																														

Explain any “Yes” answers above-use additional pages if necessary

Why are you transferring programs?

Applicant Signature _____

Date _____

