

**Addendum to Universal Application for Residency/Fellowship
UCSF Fresno Medical Education Program**

Name: _____
 Last First MI

DOB: _____ Gender (optional): _____ Birthplace (optional): _____

Place of Citizenship: _____ Race/Ethnicity (optional): _____

Email Address: _____

1) Previous Residency Training (if applicable)

 Name of Training Program

 Specialty

 Location (City & State)

Dates of Attendance: From _____ To _____
 MM/DD/YY MM/DD/YY

Name of Program Director: _____

2) Medical Licensure (if applicable)
 Attach a copy of license.

| | | |
|-----------------------|----------------|----------------------|
| State Issuing License | License Number | Exp. Date (MM/DD/YY) |
|-----------------------|----------------|----------------------|

Information contained in this application is true and correct.

 Applicant Signature

 Date