

UNIVERSITY OF VIRGINIA HEALTH SYSTEM
 Supplemental Application for Internal Medicine Residency
 (*Med/Psych Applicants*)

(Please type or print)

NAME _____ MEDICAL SCHOOL _____

CURRENT ADDRESS _____ PHONE # _____
 (Street) (City, State, Zip)

Program: *Med/Psych Combined Program*

1. Plans for training and career:

	Yes	No
Combined Psychiatry and Medical Practice		
Subspecialty Interest (list)		
Academic Medicine		
Internal Medicine Practice		
Other:		

COMMENTS:

2. Please give examination scores where applicable:

USMLE, Part I _____ USMLE, Part 2 _____
 (score) (score)

3. Does your medical school have a chapter of
 Alpha Omega Alpha (AOA)? YES NO
 Have selections been made at this time? YES NO
 Are you a member YES NO

4. Please state grade of third year Medicine clerkship: _____

Did you receive "Honors" in other clerkships? YES NO

If so, please list: _____

5. Does your medical school employ a class rank system? YES NO

If so, please give class rank at the end of the third year. _____

6. Have you done any research during medical school? YES NO

If so, please describe field: _____

Any publications? YES NO
 If so, please describe: _____

7. Please make any comments you feel may be helpful in processing your application:

Return this supplemental application and NRMP Materials to: Department of Psychiatric Medicine
 University of Virginia Health System, Box 623
 Charlottesville, VA 22908
 Attention: *Residency Coordinator*