



**Postgraduate Medical Education:**

**Internship:** (if more than one, please provide additional information on a separate sheet)

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Institution (Month/Day/Year)	Specialty	From (Month/Day/Year)	To
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**Residencies:** (if more than one, please provide additional information on a separate sheet)

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Institution (Month/Day/Year)	Specialty	From (Month/Day/Year)	To
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**Fellowships:** (if more than one, please provide additional information on a separate sheet)

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Institution (Month/Day/Year)	Specialty	From (Month/Day/Year)	To
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**LICENSE INFORMATION/CERTIFICATION**

USMLE Step I \_\_\_\_\_  
(Date) (Scores)

USMLE Step II \_\_\_\_\_  
(Date) (Scores)

USMLE Step III \_\_\_\_\_  
(Date) (Scores)

COMLEX  
(for DO training)

Level I \_\_\_\_\_ Level II \_\_\_\_\_ Level III \_\_\_\_\_  
(Score) (Score) (Score)

ECFMG number /date (if applicable) \_\_\_\_\_

Board Certified? If "yes" enter name of Board and Year Certified \_\_\_\_\_

LICENSURE:

State \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_ Type \_\_\_\_\_ Expiration \_\_\_\_\_

**ROTATION PREFERENCE**

Please list in order of preference your top 3 rotation months. Requests are strongly considered but not guaranteed. Rotations are offered during the last two weeks of each month except in January, February, July and December.

Preference #1 \_\_\_\_\_ Preference #2 \_\_\_\_\_ Preference #3 \_\_\_\_\_

**STATEMENT OF INTEREST (200-word limit)**

Please describe your interest in the sports medicine elective at UCLA and indicate whether you will be applying to a sports medicine fellowship in the future.