



The University of Kansas School of Medicine • Office of Graduate Medical Education

VISITING RESIDENT APPLICATION

Attach proof of 1,000,000/3,000,000 malpractice insurance coverage, proof of health insurance coverage and a photocopy of your temporary Kansas Medical license. A certification letter from your current institution is required to verify your present status.

Name: _____
(First) (Middle) (Last) Maiden (If Applicable)

Present Address: _____ Phone: _____
(Number and Street) (City) (State) (Zip)

Permanent Address: _____ Phone: (_____) _____
(Number and Street) (City) (State) (Zip)

E-mail Address: _____ Office #: _____ Beeper#: _____

Date of Birth: _____ Social Security #: _____ Marital Status: _____

Country of Birth: _____ Citizenship: _____

Resident's Training Institution: _____ City/State: _____

Resident's Training Program: _____ Program Year: _____

KUMC rotation will begin on _____ and end on _____ KUMC Department: _____

KUMC Preceptor: _____

KS License Number: _____ **Expiration Date:** _____

To comply with federal government regulations under Titles VI and IX of the Civil Rights Act, the University must collect data on the race and sex of its applicants. This information will be used for reporting purposes only. You are not required to provide this information. If you **choose** to do so, please check the appropriate spaces:

- Female White Asian or Pacific Islander American Indian or Alaskan Native
- Male Black Hispanic Other

ACADEMIC AND PROFESSIONAL EXPERIENCE RECORD

| (Name of high from which graduated) | (Location – City and State) | (Date Graduated) |
|--|-----------------------------|------------------------------|
| Name & Location of College, University, Hospital, Training Institution & Previous Residencies | Attendance (Years) | Degree or Certificate |
| _____ | _____ to _____ | _____ |
| _____ | _____ to _____ | _____ |
| _____ | _____ to _____ | _____ |
| _____ | _____ to _____ | _____ |
| _____ | _____ to _____ | _____ |
| _____ | _____ to _____ | _____ |
| _____ | _____ to _____ | _____ |

Signature of Visiting Resident _____ **Date** _____