

# APPLICATION FOR RESIDENCY

UNIVERSITY OF CALIFORNIA, IRVINE  
CENTER FOR OCCUPATIONAL AND ENVIRONMENTAL HEALTH

SPECIALTY: OCCUPATIONAL MEDICINE

Beginning Date: \_\_\_\_\_

1. Type or print legibly. Use black ink only.

2. One copy of your application package should be sent to:

Catherine Boomus, M.D., M.P.H.  
Center for Occupational and Environmental Health  
100 Theory, Suite 100  
Irvine, CA 92617

**Attention: OM Residency Applicant**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

(please notify us promptly if mailing address changes)

Do you have the legal right to remain in the US? YES or NO

For how long? \_\_\_\_\_

Visa type: \_\_\_\_\_

Visa number: \_\_\_\_\_

Specialty Board Certifications: \_\_\_\_\_

	State of California	Number	Date Issued
Licensure			

DEA (BNDD) number: \_\_\_\_\_

State Board Exams (FLEX) \_\_\_\_\_

Date taken

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Type	School/Hospital	Address	Dates	Attended (from to)	Degree Specialty
PreMed					
Medical					
Graduate					
Post MD 1					
Residency					

Name of PGY-1 program director: \_\_\_\_\_

Please ask three supervisors/professors or teachers to send “**ORIGINAL**” letters of reference directly to the **Residency Director, Catherine Boomus, M.D., M.P.H., 100 Theory, Suite 100, Irvine, CA 92617.**

List the names and addresses below. (**References letters must be “originals” and “current” 12 months period prior to start date.**)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Attach pages to describe the following:

Other Professional and Scientific Experience with dates.

Professional Achievements and Societies.

Career Plans.

Publications.

**Note: All information on the application is required. Do not refer “see resume”.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Do you have any physical condition which may limit your ability to perform the job for which you are applying?

---

Do you wish to be scheduled for an interview? \_\_\_\_\_

For information regarding California Licensors, contact the California State Board of Medical Quality Assurance, 1430 Howe Avenue, Sacramento, CA 95825. (Phone 916-263-2499)

**I agree to meet the California State Licensing requirements prior to entering the program. Failure to comply may result in termination from the program.**

**The University of California would like to receive the following information from you. None of this information will be used in the selection process. You may wish to provide this information on a voluntary basis.**

1. Sex:            Male \_\_\_\_\_            Female \_\_\_\_\_
2. Please indicate one of the ethnic categories below by a check.  
American Indian \_\_\_\_\_            Asian \_\_\_\_\_            Other non-white \_\_\_\_\_  
Afro American \_\_\_\_\_            Hispanic \_\_\_\_\_            Other white \_\_\_\_\_

**The following is the checklist of REQUIRED DOCUMENTS for your application:**

- 1. An **“original”** Dean’s letter from your medical school.
- 2. An **“original”** letter from your PGY- 1 Program Director (to include Previous educational experiences and summative competency-based performance evaluation)
- 3. Three **“original”** letters of recommendation.
- 4. **“Original”** undergraduate, graduate and medical school transcripts. Sent directly from school.
- 5. Part 1 & 2 of National Board or Flex scores, MCAT, USMLE, COMLEX scores **(must be originals)**.
- 6. “Statement of interest” concerning your interest in Occupational Health.
- 7. Copy of Medical License Diploma.
- 8. Copy of DEA License.
- 9. Copy of all Certificate(s) of Residency **(include all PGY’s)** and Board certification(s)
- 10. CV (Please account for all periods of time chronologically since High School **(Pre-med, post-med, leave of absences, residency, etc.)**)

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_