

**APPLICATION
ALBERT EINSTEIN COLLEGE OF MEDICINE
MONTEFIORE MEDICAL CENTER**



**Department of Psychiatry & Behavioral Sciences
Residency Training Program in Forensic Psychiatry**

NAME (in full, LAST, FIRST, MI): _____

Application Date: / /

PERSONAL DATA

Social Security #: _____

Date of Birth (Optional): _____

PRESENT ADDRESS:

(Street, City, State, Zip)

Citizen of U.S.? Yes ___ No ___ If No, **VISA Type:** _____

Status: _____

CONTACT NUMBERS:

Home: _____ Work: _____ Cellular: _____

Beeper: _____ Fax: _____ E-mail: _____

EDUCATION

Medical School & Location	From - To	Month & Year of Graduation

PROFESSIONAL, POSTGRADUATE, HOSPITAL EXPERIENCE

Hospital or Institution: (Include dates)	City & State	Title	Specialty or Service

MEDICAL CREDENTIALS

U.S.M.L.E.	E.C.F.M.G. #: _____ (Please list dates, scores, and the number of times taken for each) Basic: _____ Clinical: _____ English: _____ Clinical Skills Assessment: _____	Board Certification? Yes ___ No ___ If yes, in what? _____
Part I: _____		
Part II: _____		
Part III: _____		
NY Medical License #:	Other State(s) License #:	

PSYCHIATRY APPLICATION

Other relevant experience (include research, practice, work, graduate school, etc.):

Publications, presentations, and special recognitions:

Additional information (personal interests outside medicine or any other details of interest):

Languages Spoken:

Interviews are conducted on Mondays and Wednesdays from September through January. Please indicate your preferred dates, if any.

We are equal opportunity employers and are committed to the principles of equal employment opportunity for all applicants without regard to race, color, religion, sex, national origin, sexual orientation, legally defined handicap, age or veteran status.

RELEASE FROM LIABILITY

I concur that immunity be extended to all persons and institutions furnishing information of my qualifications to the program, and to its affiliated hospitals. Such immunity shall cover all acts and statements made in good faith and without malice.

SIGNATURE OF APPLICANT

DATE

MAIL TO:

Merrill Rotter
Director
Residency in Forensic Psychiatry
Bronx Psychiatric Center 1500 Waters Place
Bronx, NY 10451
718-862-4856
mrotter@omh.state.ny.us