

INSTRUCTIONS FOR SUBMISSION

Please email completed form and required documentation to tarneson@ucsd.edu

UC San Diego Health

Form is interactive and must be completed electronically.

Training Program Recruitment Request

Please check ALL that apply

International Medical Graduate
Visa Applicant

Outside of Match or Standard Hiring
Off-Cycle (letter of explanation required)

Date: _____

Enclosed is the recruitment paperwork for Dr. _____

I would like to match/recruit this physician as a PGY____ trainee to start _____
Date

In _____
Department/Division

I would appreciate your review of this background information and your approval of our plan to recruit/match this physician. As requested, the following documents and information are provided.

Required Documents

- CV
- Application (ERAS or equivalent)
- CA License or PTAL if applicable
- Copy of ECFMG Certificate if applicable
- Exception to Policy for Off-Cycle Start

California Licensure Status

- License required to train: Yes No
- CA License or PTAL: Issued Pending

Current Immigrations Status

- US Citizen
- Permanent Resident
- Visa F-1 J-1 H-1B

Employment Eligibility

- Currently in the US: Yes No
- SSN: Issued Applied/Pending

Signature of Program Director

Program Director Name

Please forward to Tom Arneson for review:

- Email: tarneson@ucsd.edu

If you have any questions, please call Tom at 619-471-0347

Dr. _____

Based on the data provided, the request to match/recruit named physician is Approved Denied.

Comments or Reason for denial or Instructions:

Thomas Arneson, Assistant Director
Office of Graduate Medical Education

Date