



Addiction Medicine Residency Training Application

Applying for Academic Year _____

Name: _____ (first)
(middle) (last)

Social Security #: _____

Address: _____
(city) (state) (zip code)

Telephone #: _____ Fax #: _____ E-mail: _____

Male/Female: _____ Date of Birth: _____

Citizenship: _____ If not US citizen, state type of visa you hold:

Please indicate how you heard about our program:

Table with 4 columns: Education and Training, Institution, City and State, Year/Dates, Degree. Rows include College, Medical School, Internship, Residency, Fellowship.

Board Certified: _____ Date _____ Specialty _____

Board Eligible: _____ Yes _____ No _____ Specialty _____

References

List names and addresses of three references, who you will ask to send letters to Connie Pruitt at the address below. Please include the chairman of the department of medicine (or an equivalent person) and the director of your primary care or outpatient clinic, or general internal medicine, if possible.

- 1.
- 2.
- 3.

Kindly complete the above and forward via email, along with your curriculum vitae and a personal statement to:

FRC@Psychiatry.ufl.edu

or

Please mail or fax a copy of this application, CV and personal statement to Connie Pruitt to the following:

**University of Florida
Department of Psychiatry
Addiction Medicine Division
Florida Recovery Center
4001 SW 13th Street
Gainesville, Florida 32608
Attn: C. Pruitt**

**Tel: 352-265-5549
Fax: 352-265-5506**