

INTERNATIONAL MEDICAL GRADUATE RECRUITMENT FORM

ATTN: Rose M. Ziff
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Enclosed is the paperwork on Dr. _____ [First
Name/Last Name] who we would like to match or recruit as a PGY _____ [PGY Year] in
a residency/fellowship in _____ [Program/Specialty].

We would appreciate your review of this background information and sign-off on our plans to
recruit/match.

Signature

Print Name

CHECKLIST
International Medical Graduates Review
All items must be included.

- CV
- California Medical Board "Postgraduate Training
Authorization Letter"
- VISA (if applicable)
- ECFMG Certificate
- USMLE Step 1 & 2 results