

Special Programs Section 2111/2113

Initial Application Processing Sheet

Instructions:

Part 1: To be completed by the Department Coordinator or by the Faculty Supervisor.

Part 2: To be completed by the Applicant (Foreign M.D.)

This form is used to request 2111 or 2113 Special Programs License for Foreign M.D. It is essential that all information entered in this request is accurate.

This is a request for:	2111	2113
------------------------	------	------

Part 1: Department

Hiring Department	
Department Name:	
Coordinator Name:	
Coordinator Title:	
Coordinator Phone Number:	
Coordinator Email Address:	

Objectives	
Position:	Trainee/Fellow Full-Time Faculty
UCLA Appointment Title:	
Dates of Appointment:	

Breakdown of Duties in %	
Clinical: 2111 – Incidental clinical up to 20% max 2113 – Can be up to 85%	_____ %
Research	_____ %
Teaching	_____ %

Part 2: Applicant

Applicant Information	
First Name:	
Middle Name:	
Last Name:	
Country of Nationality:	
Country of Citizenship:	
Gender:	Male Female

Medical Qualifications	
Medical School Name	_____
Postgraduate Residency Training and Medical License Requirement	Completed at least 3 years of postgraduate basic residency requirement
Medical License in Good Standing from another U.S. State or Country	Yes No
License Issuance Date	Issued on _____ (mm/dd/yr)
Practicing Medicine in the US for at least 4 years in an approved facility.	Yes No From: _____ Until: _____ (mm/dd/yr) (mm/dd/yr)

Checklist:

Please complete this form and submit to [J Cerera@mednet.ucla.edu](mailto:JCerera@mednet.ucla.edu), together with the following:

2111/2113 Application Form. Please contact the Visa and Licensing Office Assistant Director to get the most recent application form, if needed.

Supporting Documents listed on the Application Checklist Information

2111/2113 Department Letter to Request Dean’s Office Support. Please contact the Visa and Licensing Office Assistant Director for the letter template, if needed.

\$450.00 Visa and Licensing Office Recharge Fee