



Scholarship(s) applying for: \_\_\_\_\_

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## IVUmed Traveling Urology Resident Scholarship Application

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Preferred Address for IVUmed Correspondence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (mobile): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Fax: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_  preferred email address

Professional Email Address: \_\_\_\_\_  preferred email address

Passport Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Residency/Fellowship Program: \_\_\_\_\_

Program Director: \_\_\_\_\_ Post Graduate Year: \_\_\_\_\_

Current Position: \_\_\_\_\_ AUA Section: \_\_\_\_\_

Previous Training: \_\_\_\_\_

Dates Available: \_\_\_\_\_ Region or Country Preference: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Preferred type of experience:  General  Incontinence  Pediatric  Reconstruction  Other \_\_\_\_\_

Emergency Contact Names, Phone Numbers and Addresses (please list two):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please describe any previous experience traveling/working in developing countries: \_\_\_\_\_

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*Please answer the following questions:*

1. Are you now or have you ever been involved in any litigation, lawsuits, claims, or arbitration, or are you now involved in any threatened litigation or claim related to your professional activities?  Yes  No
2. Have judgments or settlements been made against you in professional liability cases or are you involved in any pending litigation or denied liability insurance at standard rates?  Yes  No
3. Have you ever been denied liability insurance?  Yes  No
4. Has your membership or renewal thereof in any medical organization ever been revoked, suspended, diminished, or denied?  Yes  No
5. Have your privileges in any hospital ever been suspended, diminished, revoked, or not renewed?  Yes  No
6. Have you ever been denied privileges at any hospital?  Yes  No
7. Have you ever been charged with any crime other than minor traffic violations?  Yes  No
8. Has your license in any jurisdiction ever been limited, suspended, or revoked?  Yes  No
9. Has your federal DEA registration ever been limited, suspended, or revoked?  Yes  No
10. Have you ever been subject to any disciplinary proceeding or action by any employer, hospital, or other entity or institution with respect to your professional activities or behavior?  Yes  No

If you answer yes to any questions, please provide a brief explanation: \_\_\_\_\_

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I certify that the information on this application is true to the best of my knowledge. I authorize all persons and institutions to disclose to and share with IVUmed opinions and information regarding me, including but not limited to, information contained in this application and my skills, experience, fitness to practice medicine, character, work habits, and performance. I authorize IVUmed to release information contained in this application or obtained by IVUmed pursuant to the authorization contained in this paragraph to IVUmed's Board of Trustees, committee members and staff. I waive any claims I might otherwise have against IVUmed resulting from IVUmed obtaining or releasing information as authorized by this paragraph.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please include the following items:**

- Curriculum Vitae
- Two Letters of Recommendation (one must be from Program Director)
- One Page Personal Statement (including reason(s) for your interest in this scholarship and any health issues)
- Signed Applicant Agreement Form
- Copy of Current Medical License
- Copy of Current Passport

**Submission by email is preferred.**