

**Alternate Pathway for International Candidates
Candidate Information**

NAME: _____ **DOB:** _____

INSTITUTIONAL AFFILIATION:

City _____ State _____ Zip _____

TITLE(S) (Director, Chief, etc. and service or division, subdivision, etc., where applicable):

INSTITUTION AND YEAR PROMOTED TO PROFESSOR:

Institution _____ **Year:** _____

EDUCATION AND TRAINING:

YEAR(S):

Undergraduate: _____

Medical School: _____

Residency & Type: _____

Fellowships, Other Training or Experience:

NAMES OF INSTITUTIONS PRACTICING FULL TIME

YEAR(S):

**SINCE COMPLETION OF TRAINING (FELLOWSHIP IS
CONSIDERED TRAINING)**

Institution: _____

Institution: _____

Institution: _____

PRODUCTIVITY:

ACTIVITY:

NUMBER:

Peer Reviewed Articles in Major Journals:

First or Last Author on above Articles:

Invited Editorials:

H-index

Books and Book Chapters:

Most Significant/Important Work(s) (paper, book, idea, operation, etc.):

Grants/Research funding: title, with date of onset, completion, and dollar amounts

Patents

Fellows/graduate students trained with current positions

Awards (clinical, research, teaching, humanism)

PRIMARY AREA OF INTEREST: _____

SECONDARY AREA OF INTEREST: _____

Areas of Interest in Urology:

_____ Endourology	_____ Pediatrics
_____ General Urology	_____ Reconstructive/Trauma
_____ Health Services Research	_____ Reproductive Urology
_____ Laboratory Research	_____ Urologic Oncology
_____ Neurourology/Pelvic/Female Urology	_____ Other

CLINICAL PRODUCTIVITY:

Current Annual #Cases Major: _____ Minor: _____

RESEARCH PRODUCTIVITY, WITH DATES:

NIH Grants: _____

Ongoing: _____

Past: _____

Other Important Grants: _____

LEADERSHIP/SERVICE:

Editor (Name of Journal): _____

Editorial Boards: _____

National/International Committees (Chair, Membership): _____

Hospital or Health System Committees (Chair, Membership):

Honors/Awards (National/International): _____

IN REGARD TO OUTSTANDING ACADEMIC ACHIEVEMENTS, MY ACCOMPLISHMENTS WOULD BE COMPARABLE TO THE FOLLOWING INDIVIDUAL(S):

Name: _____

Name: _____

Name: _____

LETTERS ATTESTING TO SCHOLARLY CONTRIBUTIONS IN AREAS OF RESEARCH, EDUCATION, CLINICAL CARE, PROGRAM DEVELOPMENT, SERVICE

INTERNAL (Urologists in active practice at your current practice site):

Name: _____

Name: _____

Name: _____

EXTERNAL INTERNATIONAL (Urologists in active practice outside the U.S. that can comment on your accomplishments within the U.S.)

Name: _____

Name: _____

Name: _____