



# MEDICAL UNIVERSITY OF THE AMERICAS, LTD.

U.S. Office • R3 Education Inc.

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Greetings MUA Alumni,

We are updating our records in order to help our current and future MUA students, and to keep you informed about school developments. We would appreciate it very much if you would **copy and paste, or forward and complete the following. Please respond to the questions and return it by e-mail to [j.lawson@mua.edu](mailto:j.lawson@mua.edu).**

Thank you!

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**Contact information.** Please complete the gray areas of the following:

1. Name:
2. Current address: Street   
City, State, Zip Country
3. Telephone(s) Cell:  Home:
4. Preferred e-mail:

**Professional affiliations.** Please list in the gray area below:

1. **Residency.** Please list any **residencies** you are in *or have completed*, using the following format: Program/Hospital, City and State or Province, specialty, dates of appointment:

(Example: University of Iowa, Iowa City IA, pediatrics, 7/1/2004-6/30/2007)

Hospital Name	City	State/Province	Specialty	Dates
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. **Fellowships.** Please list any **fellowships** you are in or have completed, in the following format: Program/Hospital, City and State or Province, specialty, dates of appointment:

(Example: University of Iowa, Iowa City, IA, neonatal-perinatal medicine, 2007-2008.)

Hospital Name	City	State/Province	Specialty	Dates

3. **Licenses.** Please list any US states or Canadian provinces, or other countries in which you hold **permanent** licenses to practice:

4. **Primary Board Certifications.** Please list any specialties in which you are:

A. Board Certified:

Specialty	Year Certified

B. Board Eligible:

Specialty	Year Completed

4a. **Sub-specialties**--Board Certifications; please list any sub-specialties in which you are:

A. Board Certified:

Sub-Specialty	Year Certified

B. Board Eligible:

Sub-Specialty	Year Completed

5. Do you currently do any volunteer/charity activities? Briefly describe:

6. Employment: Please list your current place of business/practice. List physical address and mailing address if different.

7. We want to know what your current MAJOR activity is: (indicate one; **please underline or bold your answers**).

a) Primarily Patient Care (You spend most of your time in this):

- i. Predominantly Academic
- ii. Predominantly Private Practice
- iii. Public Health/Community Health
- iv. Research
- v. Other (explain)

b) Primarily Non-patient Care (you do not do much patient care):

- i. Academic Administration
- ii. Business-Non-Health related
- iii. Health Related Business
- iv. Homemaker
- v. Hospital Administration
- vi. Public Health
- vii. Research
- viii. Other (explain)

**Helping MUA and MUA students.**

1. As you know, MUA is always looking for new clerkships for our students but they must be ACGME approved (Green Book). Our rule remains that the hospital must offer residencies in family medicine, and/or in the same specialty as the student rotation.

**Would you be able to help us develop new rotations in your area? Underline--  
Yes      No**

If yes, please let us know how you prefer to be contacted for further discussion.  
**Underline: Email or phone**

2. Students are always looking for graduates for guidance; Would you be willing to speak with **(Underline answer):**

- |                          |            |           |
|--------------------------|------------|-----------|
| a) Current students:     | <b>Yes</b> | <b>No</b> |
| b) Prospective students: | <b>Yes</b> | <b>No</b> |

and if **Yes**,

Please choose one **(Underline answer):**

- a) They may contact me at my e-mail address, or
- b) I will contact them at an e-mail address MUA provides to me.

Comments about this survey? Easy or difficult? Suggested additional questions?

Please be sure to send this to: [j.lawson@mua.edu](mailto:j.lawson@mua.edu)

**Thank you very much!**