Please submit the following with your completed application.

[ ]  Curriculum Vitae

[ ]  Personal Statement

[ ]  3-5 Letters of Recommendation

[ ]  USMLE or COMLEX scores

[ ]  Transcript

[ ]  Medical Student Performance Evaluation **(**MSPE**)**

[ ]  ECFMG status report (include copy of certificate) \*if applicable

[ ]  Photo

**General Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  |  |  |
|  | Last | First | Middle | Suffix |
| Previous Last Name: |  |
| Preferred Name: |  |
|  |
| Present Mailing Address: | Permanent Mailing Address: |
|       |       |
|       |       |
| Street Address | Street Address |
|       |       |
| City, State/Province |  | City, State/Province |  |
|       |       |
| Zip/Postal Code |  | Zip/Postal Code |  |
| Country |       | Country |       |
|  |
| Preferred Phone #: |       |
| Alternate Phone #: |       |
| Mobile #: |       |
| Pager #: |       |
| Fax #: |       |
|  |
| E-mail: |  |
| Gender: |  |
| Birth Date: |  |
| Birth Place |  |  |
|  | City, State/Province | Country |
| Last four digits of SSN: |  |
| SIN |  |
|  |
| [ ]  | US Citizen |
| **[ ]**  | Non-US Citizen |  |
|  |
| Visa Sponshorship Needed: | [ ]  Yes [ ]  No |
| Current Visa/Employment Authorization: *\*Select all that apply* |  |
| [ ]  B-1 – Temporary Visitor for Business[ ]  B-2 – Temporary Visitor for Pleaseure[ ]  E-2 – Treaty Investor, Spouse and Child (EAD)[ ]  F-1 – Academic Student (Employment Authorization Document – Optional Practical Training)[ ]  F-2 – Spouse or Childe of F-1[ ]  H-1 – Temporary Worker[ ]  H-1B – Special occupation, DoD worker, etcetera[ ]  H-2B – Temporary worker – skilled and unskilled[ ]  H-4 – Spouse or Child of H-1, H-2, H-3 | [ ]  J-1 – Visa for exchange visitor[ ]  J-2 – Spouse or Child of J-1 Employment Authorization Document (EAD)[ ]  L2 – Dependent of Intra-Company Transferee (EAD)[ ]  O-1 – Person of Extraordinary Ability in science, arts, education, business or athletics[ ]  TN – NAFTA Trade for Canadians and Mexicans[ ]  Diplomatic Service[ ]  Employment Authorization Document (EAD |
| [ ]  Other |       |
| *\*If you are a foreign national, outside the US, or currently in the US in valid visa status, plese respond:* |
| Will you need ‘visa sponsorship’ through ECFMG (J-1) or the teaching hospital (H1B in order to  |
| participate in US residency training? | [ ]  Yes [ ]  No |
| \*If no, Expected Visa/Employment Authorization *\*Select all that may apply:* |  |
| [ ]  B-1 – Temporary Visitor for Business[ ]  B-2 – Temporary Visitor for Pleaseure[ ]  E-2 – Treaty Investor, Spouse and Child (EAD)[ ]  F-1 – Academic Student (Employment Authorization Document – Optional Practical Training)[ ]  F-2 – Spouse or Childe of F-1[ ]  H-1 – Temporary Worker[ ]  H-1B – Special occupation, DoD worker, etcetera[ ]  H-2B – Temporary worker – skilled and unskilled[ ]  H-4 – Spouse or Child of H-1, H-2, H-3 | [ ]  J-1 – Visa for exchange visitor[ ]  J-2 – Spouse or Child of J-1 Employment Authorization Document (EAD)[ ]  L2 – Dependent of Intra-Company Transferee (EAD)[ ]  O-1 – Person of Extraordinary Ability in science, arts, education, business or athletics[ ]  TN – NAFTA Trade for Canadians and Mexicans[ ]  Diplomatic Service[ ]  Employment Authorization Document (EAD  |
| [ ]  Other |       |
|  |  |
| USMLE ID |       |
| NBOME ID |       |
| AOA Member #: |       |
|  |  |
| [ ]  | I am ACLS (Advanced Cardiac Life Support) certified in the US | Exp Date: |       |
| [ ]  | I am PALS (Pediatric Advanced Life Support) certified in the US | Exp Date: |       |
|  |  |  |  |
| Alpha Omega Alpha Status *\*Leave blank if not applicable* |       |
| Sigma Sigma Phi Status *\*Leave blank if not applicable* |       |
|  |  |
| Are you committed to fulfill a US military active duty service obligation/deferment? | [ ]  Yes [ ]  No |
| Years |       |
| Branch |       |
| Do you have any other service obligations? (i.e. Military Reserves or Public Health/State prgrams) | [ ]  Yes [ ]  No |
| Description |       |

**Education**

*\*Include only Higher Education*

**Entry 1**

|  |  |
| --- | --- |
| Institution |       |
| Location |       |       |
|  | City, State/Province | Country |
| Education Type |  |
| Field of Study |       |
| Degree expected or earned | [ ]  Yes [ ]  No |
| Degree |       |
| Degree Month, Year |       |
| Date of Attendance | From (MM/YYYY) |       | To (MM/YYYY)*\*Leave blank if ongoing* |       |

**Entry 2**

|  |  |
| --- | --- |
| Institution |       |
| Location |       |       |
|  | City, State/Province | Country |
| Education Type |  |
| Field of Study |       |
| Degree expected or earned | [ ]  Yes [ ]  No |
| Degree |       |
| Degree Month, Year |       |
| Date of Attendance | From (MM/YYYY) |       | To (MM/YYYY)*\*Leave blank if ongoing* |       |

**Entry 3**

|  |  |
| --- | --- |
| Institution |       |
| Location |       |       |
|  | City, State/Province | Country |
| Education Type |  |
| Field of Study |       |
| Degree expected or earned | [ ]  Yes [ ]  No |
| Degree |       |
| Degree Month, Year |       |
| Date of Attendance | From (MM/YYYY) |       | To (MM/YYYY)*\*Leave blank if ongoing* |       |

**Medical Education**

**Entry 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Country |       | Institution |       |
| Degree expected or earned | [ ]  Yes [ ]  No |
| Degree |       |
| Degree Month, Year |       |
| Date of Attendance | From (MM/YYYY) |       | To (MM/YYYY)*\*Leave blank if ongoing* |       |

**Entry 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Country |       | Institution |       |
| Degree expected or earned | [ ]  Yes [ ]  No |
| Degree |       |
| Degree Month, Year |       |
| Date of Attendance | From (MM/YYYY) |       | To (MM/YYYY)*\*Leave blank if ongoing* |       |

**Entry 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Country |       | Institution |       |
| Degree expected or earned | [ ]  Yes [ ]  No |
| Degree |       |
| Degree Month, Year |       |
| Date of Attendance | From (MM/YYYY) |       | To (MM/YYYY)*\*Leave blank if ongoing* |       |

|  |  |
| --- | --- |
| Was your medical education extended or interrupted? | [ ]  Yes [ ]  No |
| Reason |       |

|  |
| --- |
| Medical School Awards |
|       |

**Training**

**Current/Prior Training**

Please include each D.O. Internship, D.O. residency, D.O. Fellowship, M.D. Residency, and/or M.D. Fellowship in which you have trained, regardless of the length of time spent in training

**Entry 1**

|  |  |
| --- | --- |
| Type of Training |  |
| Specialty |  |
| Institution/Program |  |
| Country |  |
| State/Province |  |
| City |  |
| Program Director |  |
| Supervisor |  |
| Chief Resident | [ ]  Yes [ ]  No |
| Dates of Residency/Osteopathic Intership/Fellowship |
|  | From (MM/YYYY) |  | To (MM/YYYY)*\*Leave blank if ongoing* |  |
| Reason for Leaving |  |

**Entry 2**

|  |  |
| --- | --- |
| Type of Training |  |
| Specialty |  |
| Institution/Program |  |
| Country |  |
| State/Province |  |
| City |  |
| Program Director |  |
| Supervisor |  |
| Chief Resident | [ ]  Yes [ ]  No |
| Dates of Residency/Osteopathic Intership/Fellowship |
|  | From (MM/YYYY) |  | To (MM/YYYY)*\*Leave blank if ongoing* |  |
| Reason for Leaving |  |

**Entry 3**

|  |  |
| --- | --- |
| Type of Training |  |
| Specialty |  |
| Institution/Program |  |
| Country |  |
| State/Province |  |
| City |  |
| Program Director |  |
| Supervisor |  |
| Chief Resident | [ ]  Yes [ ]  No |
| Dates of Residency/Osteopathic Intership/Fellowship |
|  | From (MM/YYYY) |  | To (MM/YYYY)*\*Leave blank if ongoing* |  |
| Reason for Leaving |  |

**Entry 4**

|  |  |
| --- | --- |
| Type of Training |  |
| Specialty |  |
| Institution/Program |  |
| Country |  |
| State/Province |  |
| City |  |
| Program Director |  |
| Supervisor |  |
| Chief Resident | [ ]  Yes [ ]  No |
| Dates of Residency/Osteopathic Intership/Fellowship |
|  | From (MM/YYYY) |  | To (MM/YYYY)*\*Leave blank if ongoing* |  |
| Reason for Leaving |  |

|  |  |
| --- | --- |
| Was your medical training extended or interrupted? | [ ]  Yes [ ]  No |
| Reason |  |

**Experience**

\*Include clinical and teaching experience as work experiences; include all unpaid extra-curricular activities and committees you have served on as volunteer experiences.

**Entry 1**

|  |  |
| --- | --- |
| Experience Type |  |
| Organization |  |
| Position |  |
| Supervisor |  |
| Country |  |
| State/province |  |
| City |  |
| Average hours/week |  |
| Description |  |
| Reason for leaving |  |
| Date of Experience |  |
|  | From (MM/YYYY) |  | To (MM/YYYY)*\*Leave blank if ongoing* |  |

**Entry 2**

|  |  |
| --- | --- |
| Experience Type |  |
| Organization |  |
| Position |  |
| Supervisor |  |
| Country |  |
| State/province |  |
| City |  |
| Average hours/week |  |
| Description |  |
| Reason for leaving |  |
| Date of Experience |  |
|  | From (MM/YYYY) |  | To (MM/YYYY)*\*Leave blank if ongoing* |  |

**Entry 3**

|  |  |
| --- | --- |
| Experience Type |  |
| Organization |  |
| Position |  |
| Supervisor |  |
| Country |  |
| State/province |  |
| City |  |
| Average hours/week |  |
| Description |  |
| Reason for leaving |  |
| Date of Experience |  |
|  | From (MM/YYYY) |  | To (MM/YYYY)*\*Leave blank if ongoing* |  |

|  |
| --- |
| Add additional experiences below in same format as above: |
|       |

**Publications**

**Peer Reviewed Journal Articles/Abstracts**

|  |
| --- |
| TitleAuthor(s)Publication NamePubMed ID, Volume, Issue No., Pages (eg. 200-210), Month/Year |
| TitleAuthor(s)Publication NamePubMed ID, Volume, Issue No., Pages (eg. 200-210), Month/Year |
| TitleAuthor(s)Publication NamePubMed ID, Volume, Issue No., Pages (eg. 200-210), Month/Year |
| Add additional Peer Reviewed Journal Articles/Abstracts below in same format as above: |
|       |

**Peer Reviewed Journal Articles/Abstracts (Other than Published)**

|  |
| --- |
| TitleAuthor(s)Publication Name, Publication Status, Month, Year |
| TitleAuthor(s)Publication Name, Publication Status, Month, Year |
| TitleAuthor(s)Publication Name, Publication Status, Month, Year |
| Add additional Peer Reviewed Journal Articles/Abstracts (Other than Published) below in same format as above: |
|       |

**Peer Reviewed Book Chapter**

|  |
| --- |
| Chapter TitleName of BookAuthor(s)Editor(s)Publisher, City, Year |
| Chapter TitleName of BookAuthor(s)Editor(s)Publisher, City, Year |
| Chapter TitleName of BookAuthor(s)Editor(s)Publisher, City, Year |
| Add additional Peer Reviewed Book Chapters below in same format as above: |
|       |

**Scientific Monograph**

|  |
| --- |
| TitlePublication NameVolume, Issue No., , YearAuthor(s) |
| TitlePublication NameVolume, Issue No., , YearAuthor(s) |
| TitlePublication NameVolume, Issue No., , YearAuthor(s) |
| Add additional Scientific Monographs below in same format as above: |
|       |

**Other Articles**

|  |
| --- |
| TitleAuthor(s)Publication Name, Month, Day, Year |
| TitleAuthor(s)Publication Name, Month, Day, Year |
| TitleAuthor(s)Publication Name, Month, Day, Year |
| Add additional Other Articles below in same format as above: |
|       |

**Poster Presentation**

|  |
| --- |
| TitleAuthor(s)/Presenter(s)Event/MeetingCountry, State/Province, City, Year |
| TitleAuthor(s)/Presenter(s)Event/MeetingCountry, State/Province, City, Year |
| TitleAuthor(s)/Presenter(s)Event/MeetingCountry, State/Province, City, Year |
| Add additional Poster Presentations below in same format as above: |
|       |

**Oral Presentation**

|  |
| --- |
| TitleAuthor(s)/Presenter(s)Event/MeetingCountry, State/Province, City, Year |
| TitleAuthor(s)/Presenter(s)Event/MeetingCountry, State/Province, City, Year |
| TitleAuthor(s)/Presenter(s)Event/MeetingCountry, State/Province, City, Year |
| Add additional Oral Presentations below in same format as above: |
|       |

**Peer Reviewed Online Publication**

|  |
| --- |
| TitleAuthor(s)URLMonth, Day, Year |
| TitleAuthor(s)URLMonth, Day, Year |
| TitleAuthor(s)URLMonth, Day, Year |
| Add additional Peer Reviewed Online Publications below in same format as above: |
|       |

**Non Peer Reviewed Online Publication**

|  |
| --- |
| TitleAuthor(s)URLMonth, Day, Year |
| TitleAuthor(s)URLMonth, Day, Year |
| TitleAuthor(s)URLMonth, Day, Year |
| Add additional Non Peer Reviewed Online Pulications below in same format as above: |
|       |

**Licensure Information**

[ ]  None

|  |  |
| --- | --- |
| Has your medical license ever been suspended/revoked/voluntarily terminated? | [ ]  Yes [ ]  No |
| If Yes |       |       |       |
|  | Month | Day | Year |
| Reason |       |

|  |  |
| --- | --- |
| Have you ever been named in a malpractice case? | [ ]  Yes [ ]  No |
| Reason |       |

|  |
| --- |
| Is there anything in your past history that would limit yur ability to be licensed or would limit your  |
| ability to receive hospital privileges? | [ ]  Yes [ ]  No |
| Reason |       |

|  |  |
| --- | --- |
| Have you ever been convicted of a misdemeanor in the United States? | [ ]  Yes [ ]  No |
| If yes, explain |       |

|  |  |
| --- | --- |
| Have you ever been convicted of a felony in the United States? | [ ]  Yes [ ]  No |
| If yes, explain |       |

|  |  |
| --- | --- |
| Are you ABP Certified? | [ ]  Yes [ ]  No |
| Specialty |       | Origination Date |       |
|  |       | Expiration Date |       |
|  |       | Recertification Date |       |
| Specialty |       | Origination Date |       |
|  |       | Expiration Date |       |
|  |       | Recertification Date |       |
| Specialty |       | Origination Date |       |
|  |       | Expiration Date |       |
|  |       | Recertification Date |       |

|  |  |  |  |
| --- | --- | --- | --- |
| DEA Registration Number |       | Expiration Date |       |
| *\*Note: DEA is for US Medical License holders only* |

**Medical Licenses**

[ ]  None

|  |  |
| --- | --- |
| State |       |
| License Type |  |
| License Number |       |
| Expirtation |       |

|  |  |
| --- | --- |
| State |       |
| License Type |  |
| License Number |       |
| Expirtation |       |

|  |  |
| --- | --- |
| State |       |
| License Type |  |
| License Number |       |
| Expirtation |       |

**Self Identify**

If you are a citizen of a European country, you should not answer this question. Please select “Prefer not to say.”

If you prefer not to self-identify, please select “Prefer not to say”. If you select a major category, a subcategory or “Other” must be selected. You are required to enter text in the field next to “Other.”

|  |
| --- |
| How do you Self-identify? Please select all that apply |
|  |
| [ ]  | Prefer not to say |
|  |
| [ ]  | Hispanic, Latino, or of Spanish origin |
|  | [ ]  | Argentinean |
|  | [ ]  | Colombian |
|  | [ ]  | Cuban |
|  | [ ]  | Dominican |
|  | [ ]  | Mexico/Chicano |
|  | [ ]  | Peruvian |
|  | [ ]  | Puerto Rianc |
|  | [ ]  | Other |       |
|  |
| [ ]  | American Indian or Alaskan Native |
|  | Tribal Affiliation |       |
|  |
| [ ]  | Asian |
|  | [ ]  | Bangladeshi |
|  | [ ]  | Cambodian |
|  | [ ]  | Chinese |
|  | [ ]  | Filipino |
|  | [ ]  | Japanese |
|  | [ ]  | Korean |
|  | [ ]  | Indian |
|  | [ ]  | Indonesian |
|  | [ ]  | Laotian |
|  | [ ]  | Pakistani |
|  | [ ]  | Taiwanese |
|  | [ ]  | Vietnamese |
|  | [ ]  | Other |       |
|  |
| [ ]  | Black or African American |
|  | [ ]  | African American |
|  | [ ]  | Afro-Caribbean |
|  | [ ]  | African |
|  | [ ]  | Other |       |
|  |
| [ ]  | Native Hawaiian |
|  | [ ]  | Native Hawaiian |
|  | [ ]  | Guamanian |
|  | [ ]  | Samoan |
|  | [ ]  | Other |       |
|  |
| [ ]  | White |
| [ ]  | Other |       |

**Language Fluency**

|  |  |
| --- | --- |
| What language(s) do you speak? |       |

**Miscellaneous**

|  |
| --- |
| Hobbies & Interests |
|       |

|  |
| --- |
| Other Awards/Accomplishments |
|       |

|  |
| --- |
| Membership in Honorary/Professional Societies |
|       |

|  |
| --- |
| Are you able to carry out the responsibilities of a resident, intern, or fellow in the specialties and at the specific training programs to which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements, and  |
| attendance requirements with or without reasonable accommodations? | [ ]  Yes [ ]  No |
| Limiting Aspects |       |