

Oregon Health Sciences University
University Hospital
and Affiliated Hospitals
Portland, Oregon 97201

APPLICATION FOR

- FIRST POST GRADUATE YEAR (Intern/ Training Level One)
 RESIDENCY
 FELLOWSHIP

IN _____
for period beginning _____ at _____ year level
(1, 2, 3, 4, 5, 6, 7)

All questions must be answered in full. Use typewriter or print.

1. Name _____
Surname First Name Middle Name Maiden Name
2. Present address _____
Number Street City State Zip
3. Home address _____
Number Street COY state Zip
4. Social Security No. _____
5. Place of Birth _____
6. Country of Citizenship _____
7. Present telephone _____
8. Home Telephone _____
9. If not U.S. Citizen, list visa type and number _____
10. College(s) or University _____

Date(s) of Graduation _____ Degree(s) _____
11. Medical or Dental School _____ Years attended _____
(Expected) Date of Graduation _____ Degree _____
12. Previous Internship: Hospital _____ Service _____
(if any) Dates _____
13. Previous Residency: Hospital _____ Service _____
(If any) Dates _____
14. Staff Positions: Hospital _____ Service _____
(if any) Dates _____
15. USMLE: Grade Step I _____ OR NBME: Grad Part I _____
Grade Step 2 _____ OR Grad Part 11 _____ OR
Grade Step 3 _____ OR Grad Part III _____
- FLEX Scores _____
- Licensure (States and Numbers) _____
16. ECFMG # _____ Valid through _____

17. Research experience, publications, special skills _____

18. Electives, foreign travel, special medical experiences _____

19. Honors _____

20. Future plans in medicine _____

21. Major extracurricular interests _____

Date _____ Signature _____

The following are required from each applicant applying for first postgraduate year (PGY-1) positions:

Two signed copies of this application and
Letters of recommendation from:
 The Dean of your Medical School and
 A member of your medical school faculty who knows you well.

The following are required from each applicant applying for positions at the second post graduate year or above:

Two signed copies of this application and
Letters of recommendation from:
 The Dean of your Medical School,
 The Program Director(s) of your first postgraduate year and any subsequent residency training,
 Any physician or medical scientist having special knowledge of your ability or performance, and
Verification of any staff positions.

All applications and recommendations should be sent to:

Program Director
Department or Division to which you are applying (i.e., **Neurology, Surgery**)
Oregon Health Sciences University
3181 S.W. Sam Jackson Park Road
Portland, Oregon 97201-3098
