

Oregon Health & Science University  
University Hospital & Affiliated Hospitals  
Portland, OR 97239

**APPLICATION FOR:**

**INTERNSHIP** \_\_\_\_  
**RESIDENCY** \_\_\_\_  
**FELLOWSHIP** \_\_\_\_

IN \_\_\_\_\_  
for period beginning \_\_\_\_\_ at \_\_\_\_\_ year level  
(1,2,3,4,5,6,7,8)

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 City State Zip
4. Social Security # \_\_\_\_\_
5. Present telephone \_\_\_\_\_
6. Place of Birth \_\_\_\_\_
7. Home telephone \_\_\_\_\_
7. Date of Birth \_\_\_\_\_
9. Country of Citizenship \_\_\_\_\_
10. If not US Citizen, list Visa type and number \_\_\_\_\_
11. ECFMG # (If appropriate) \_\_\_\_\_ Valid through \_\_\_\_\_
12. College(s) or University(s) \_\_\_\_\_  
\_\_\_\_\_  
Date(s) of Graduation \_\_\_\_\_ Degree(s) \_\_\_\_\_
13. Medical or Dental School \_\_\_\_\_ Dates Attended \_\_\_\_\_  
(Expected) Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_
14. Previous Internship: Hospital \_\_\_\_\_ Service \_\_\_\_\_  
(If Any) Dates \_\_\_\_\_
15. Previous Residency: Hospital \_\_\_\_\_ Service \_\_\_\_\_  
(If Any) Dates \_\_\_\_\_
16. Staff Positions: Hospital \_\_\_\_\_ Service \_\_\_\_\_  
(If Any) Dates \_\_\_\_\_
17. USMLE: Grade Step 1 \_\_\_\_\_ Grade Step 2 \_\_\_\_\_ Grade Step 3 \_\_\_\_\_

18. Licensure (States and Numbers) \_\_\_\_\_
19. Research experience, publications, special skills \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Electives, foreign travel, special medical experiences \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Honors \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Future plans in medicine \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Major extracurricular interests \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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

- One signed copy of this application and
- Letters of recommendation from the Dean of your Medical School, including dates.

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

- One signed copy of this application and
- Letters of recommendation from the Dean of your Medical School, including dates;
- Letters of verification from the Program Director(s) of prior residency training, including dates, location and verification of completion;
- Verifications of any previous staff positions.

All applications and letters should be sent to:

Program Director  
 Department of Division to which you are applying (i.e. Neurology, Surgery)  
 Oregon Health & Science University  
 3181 SW Sam Jackson Park Road  
 Portland, OR 97239-3098