

Oregon Health & Science University  
University Hospital & Affiliated Hospitals  
Portland, OR 97201

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 \_\_\_\_\_
8. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. Honors  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Future plans in medicine \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
23. Major extracurricular interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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, including dates.

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, including dates;  
Letters of recommendation from the Program Director(s) of prior residency training, including dates and location;  
Verifications of any previous staff positions.

All applications and recommendations 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 97201-3098