

SECTION IV



ACOG

The American College of Obstetricians and Gynecologists • 409 12th St. SW
PO Box 96920, Washington, DC 20090-6920 • (202) 863-2404 or (202) 638-5577

Application for
MEDICAL STUDENT
PLEASE PRINT IN BLACK INK OR TYPE

NAME AS YOU WISH IT TO APPEAR ON ALL ACOG DOCUMENTS, MAILINGS, ETC. Limited to 26 characters.

NAME _____
First Middle Last

ADDRESS _____ CITY _____

STATE/PROVINCE _____ COUNTY (if in US) _____ ZIP CODE/POSTAL _____

DAYTIME PHONE NO. (_____) _____ CITIZENSHIP _____ E-MAIL _____

Periodically, ACOG sends electronic mail covering current issues. If you **do not** wish to receive these notifications, please respond by checking this box

DATE OF BIRTH ____ / ____ / ____ SOCIAL SECURITY NO. ____ - ____ - ____ GENDER: MALE FEMALE
Month Day Year

CURRENT ACTIVE DUTY IN MILITARY? NO YES _____
Rank Branch of Service

UNDERGRADUATE TRAINING:

College _____ Location _____ Dates of Attendance ____ / ____ / ____ to ____ / ____ / ____
Month Year Month Year

College _____ Location _____ Dates of Attendance ____ / ____ / ____ to ____ / ____ / ____
Month Year Month Year

MEDICAL EDUCATION:

Institution _____ Location _____ Dates of Attendance ____ / ____ / ____ to ____ / ____ / ____
Month Year Month Year

Institution _____ Location _____ Dates of Attendance ____ / ____ / ____ to ____ / ____ / ____
Month Year Month Year

CURRENT YEAR IN MEDICAL SCHOOL: 1st 2nd 3rd 4th OTHER MEDICAL SOCIETY MEMBERSHIPS (if any): _____

Anticipated Graduation Date ____ / ____ / ____ Does your school have an Ob-Gyn or Women's Health Interest Group? NO YES

If Yes, Name of Organization _____ Contact Person (if known) _____

Phone (_____) _____ ext. _____

I am also considering specializing in one or more of the following: Family Practice General Surgery Internal Medicine Pediatrics Other: _____

Statement of Authorization

I hereby apply for Medical Student status in the American College of Obstetricians and Gynecologists and certify that the statements contained in the application are true to the best of my knowledge. I agree to abide by the Bylaws, rules and regulations of the College if granted Medical Student status.

Personal Signature of Applicant:

(Print or type name)

Date: _____

MEDICAL STUDENT APPLICATION INSTRUCTIONS

QUALIFICATIONS

Any person currently enrolled in Medical School.

INSTRUCTIONS

Processing of an application cannot begin until the College has received a completed application form with payment.

1. FILL OUT COMPLETELY page 1 of the application. PLEASE PRINT WITH BLACK INK OR TYPE.
2. Applicant's signature must appear on page 1.
3. Please submit a **\$15.00** (in US funds) processing fee with this application. You will **not** be charged annual dues. This is a one-time-only amount.

MAIL COMPLETED FORM WITH CHECK OR MONEY ORDER TO:

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
MEMBERSHIP SERVICES
409 12TH ST., SW
PO BOX 96920
WASHINGTON, DC 20090-6920

For Office Use Only

Date Application Received: _____

Missing Information Dates:

YOUR ROTATIONS AT LEGACY HOSPITALS – Emanuel & Good Samaritan

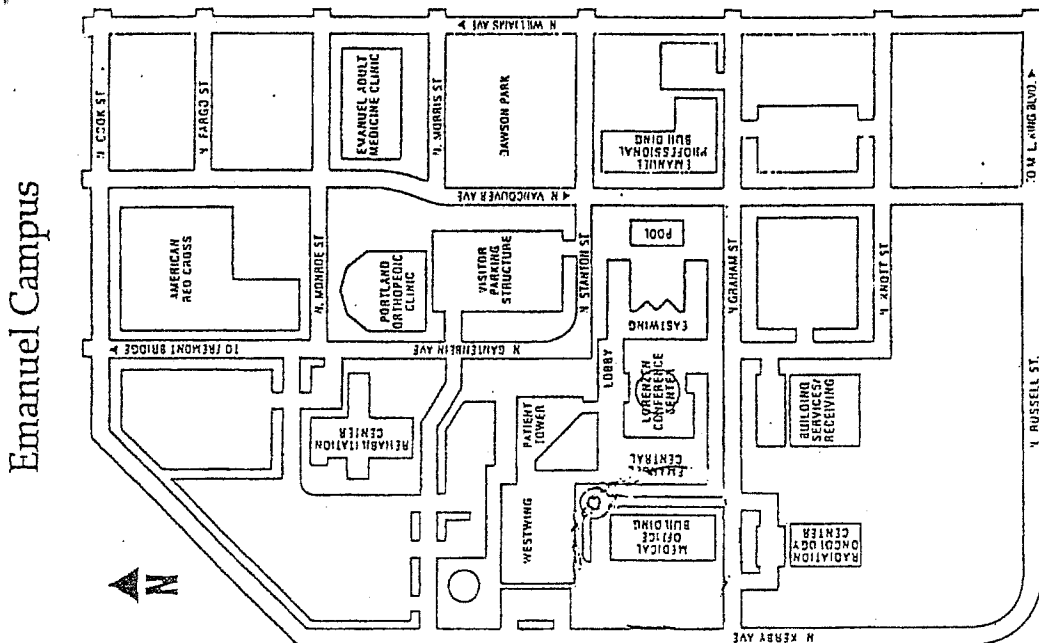
PARKING:

We will be issuing to you a temporary parking permit if you plan to drive. To facilitate this, please be prepared to provide the following information when you arrive: Car make & model; year; color; license plate# & state.

LOCKERS:

When at Emanuel, lockers with lock will be issued to you for securing your personal items. At Good Samaritan, lockers are available in the resident lounge, but you need to bring your own lock.

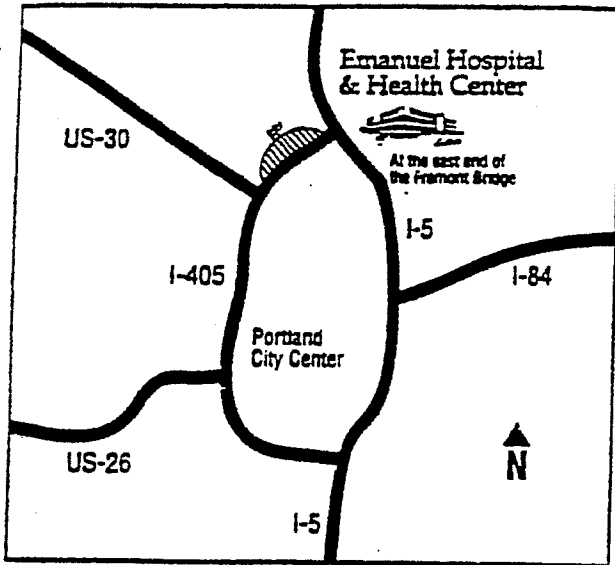
DIRECTIONS: Entering Emanuel Hospital at the front lobby, turn right (walk approx. 50 ft from the desk) to the nearest elevators to go to the 2nd floor. As you exit on 2nd floor, walk around to the back of the North elevator into the small lobby where the Espresso Bar is located (just in front of the Family Birth Center). Ellen will meet you there to begin the tour.



**Emanuel Hospital
& Health Center**
A Lutheran-Affiliated Center of Caring & Excellence

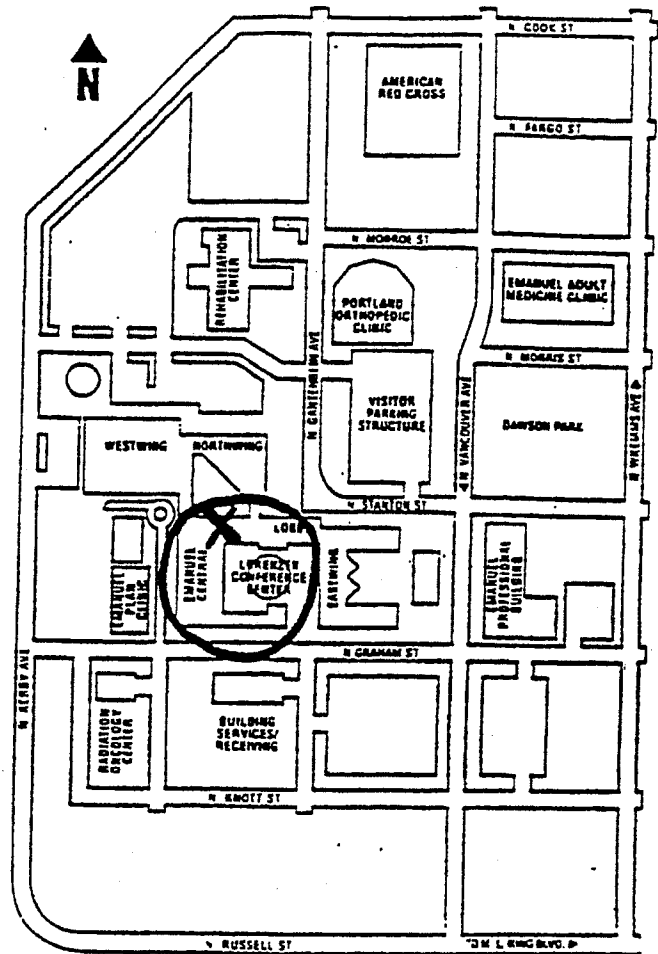
2801 N. Gantenbein Avenue
Portland, Oregon 97227
(503) 280-3200

Directions to Emanuel Hospital & Health Center



- **I-5 Southbound - From the North**
Alberta Street exit. Left on Alberta to Vancouver Avenue. Right on Vancouver to Stanton Street. Right on Stanton to hospital.
- **I-5 Northbound - From the South**
Coliseum/Broadway-Weidler exit straight to Broadway Street. Left on Broadway to Williams Avenue. Right on Williams to Stanton Street. Left on Stanton to hospital.
- **Highway 26 or 30 - From the West**
Highway 26 or 30 to I-405 North over Fremont Bridge. Kerby Street exit to hospital.
- **I-84 - From the East**
I-84 to I-5 Northbound. Coliseum/Broadway-Weidler exit straight to Broadway Street. Left on Broadway to Williams Avenue. Right on Williams to Stanton Street. Left on Stanton to hospital.

Emanuel Campus



Emanuel Hospital & Health Center
A Lutheran-Altoona Center of Care & Excellence



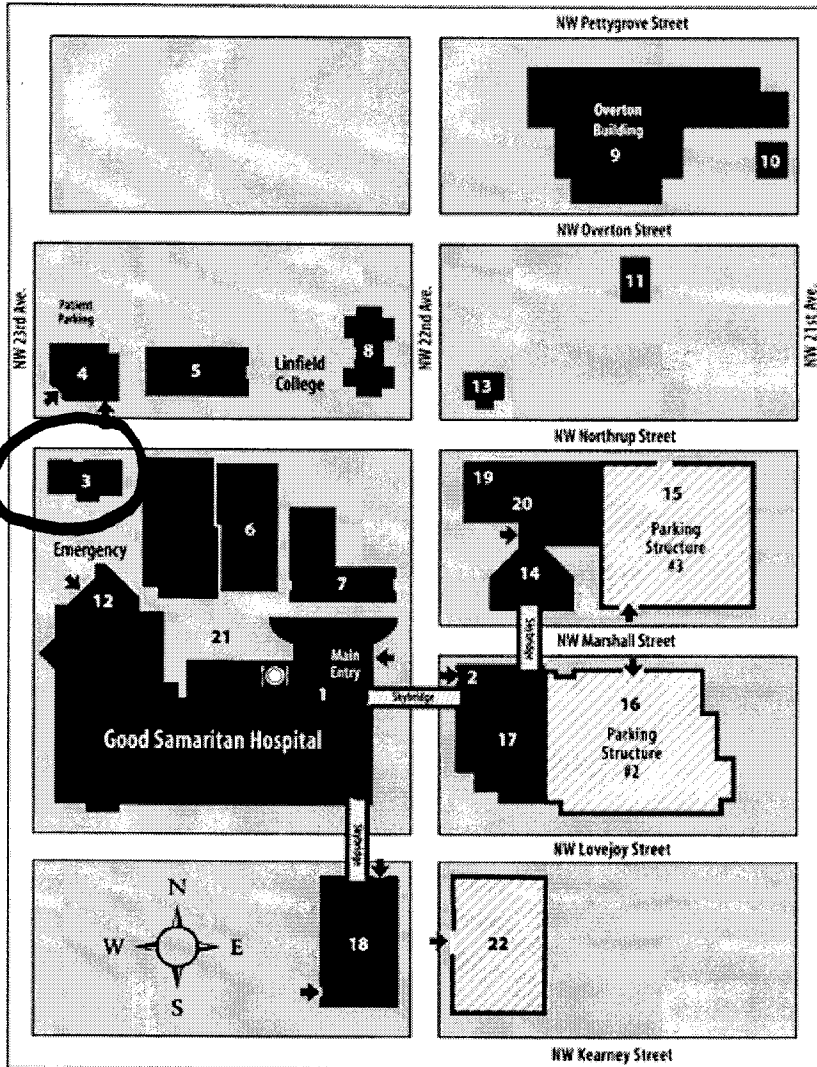
LEGACY EMANUAL HOSPITAL

2801 North Gantenbein Avenue
Portland, OR 97227

4th Floor, Room #4239

Nita Woodard: 413-4190

Legacy Good Samaritan Hospital & Medical Center

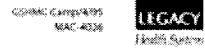


1. Good Samaritan Hospital - 1015 NW 22nd Ave.
2. Auditorium - 1040 NW 22nd Ave.
3. Northrup Bldg. - 2282 NW Northrup St.
4. Legacy Clinic Good Samaritan - 1200 NW 23rd Ave.
5. Peterson Hall - 2215 NW Northrup St.
6. Library - 2253 NW Marshall St.
7. Wilcox Bldg. - 2211 NW Marshall St.
8. Loveridge Hall - 2215 NW Northrup St.
9. Overton Bldg. - 2145 NW Overton St.
10. Alzheimer's Association - 1311 NW 21st Ave.
11. Legacy Federal Credit Union - 2148 NW Overton St.
12. Emergency - Entrance on NW 23rd Ave.
13. Green Gables Guest House - 2183 NW Northrup St.
14. Comprehensive Cancer Center - 1130 NW 22nd Ave.
15. Parking 3 - 2135 NW Marshall St.
16. Parking 2 - 2144 NW Marshall St.
17. Good Samaritan Building 2 - 1040 NW 22nd Ave.
18. Good Samaritan Building 1 - (formerly Physicians Office Bldg.) - 2222 NW Lovejoy St.
19. Legacy Clinic Northwest - 1130 NW 22nd Ave., Suite 220
20. Good Samaritan Building 3 - 1130 NW 22nd Ave.
21. Stenzel Healing Garden
22. 22nd & Kearney Parking Lot (for staff of Good Samaritan Bldg 1)
23. 20th & Raleigh Parking Lot (staff use only)

- ➔ Entry Way
- || Skybridge System - 3rd and 6th Floors
- 📍 Lovejoy Station Cafe 1st Floor, Good Samaritan Hospital

Patients and visitors are invited to use our free valet parking service at the hospital main entrance (#1 on the map, 1015 NW 22nd Ave.) Monday-Friday from 7 a.m. to 4:30 p.m. Parking is also available in Parking Structures 2 and 3 or as available on the streets surrounding our campus.

Legacy Good Samaritan Hospital
 1015 N.W. 22nd Avenue • Portland, Oregon 97210 • 503-413-7711
 For additional copies, call Legacy Referral Service at 503-335-3500



2282 NW Northrup