

Oregon Health & Science University

APPLICATION FOR:

INTERNSHIP _____

RESIDENCY _____

FELLOWSHIP _____

IN _____

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

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. Current Email Address: _____ 5. Telephone _____

6. Social Security # _____ 7. Date of Birth _____

8. City, State and Country of Birth _____

10. Country of Citizenship _____ If not US Citizen, list Visa type and number _____

12. ECFMG # (If appropriate) _____ Valid through _____

13. College(s) or University(s) _____
Date(s) of Graduation _____ Degree(s) _____

14. Medical or Dental School _____ Dates Attended _____
(Expected) Date of Graduation _____ Degree _____

15. Previous Internship: Hospital _____ Service _____
(If Any) Dates _____

16. Previous Residency: Hospital _____ Service _____
(If Any) Dates _____

17. Staff Positions: Hospital _____ Service _____
(If Any) Dates _____

18. USMLE or COMLEX : Grade Step 2 _____ Grade Step 3 _____
Grade Step 1 _____

MP Step 1 _____ MP Step 2 _____ MP Step 3 _____

19. Licensure (States and Numbers) _____

Signature

Date

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

One signed copy of this application

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

One signed copy of this application

Letters of verifications from these must come directly from the source to the Program:

Medical School Performance Evaluation (MPSE) 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 (obtained by the program)

Verifications of any previous staff positions (obtained by the program)

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