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

APPLICATION FOR VISITING RESIDENT

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. Social Security # _____ 6. Present telephone_____

7. Place of Birth _____ 8. Home telephone _____

9. Date of Birth _____ 10. Country of Citizenship _____

11. 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 _____

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