

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

APPLICATION FOR: Samuel H. Wise Fellowship in General Internal Medicine

For the _____ academic year at the PGY- _____ 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. Current Email Address _____
5. Social Security # _____
6. Telephone _____
7. Home telephone _____
8. Date of Birth _____
9. City, State and Country 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 _____

18. USMLE: Grade Step 1 _____ Grade Step 2 _____ Grade Step 3 _____
 Percentage Step 1 _____ Percentage Step 2 _____ Percentage Step 3 _____

19. Licensure (States and Numbers) _____

20. Research experience, publications, special skills _____

21. Electives, foreign travel, special medical experiences _____

22. Honors _____

23. Future plans in medicine _____

24. Major extracurricular interests _____

Signature

Date

The following are required from each applicant:

- One signed copy of this application (may be returned by email, with original mailed)
- Current CV (may be returned by email, with original mailed)
- Personal statement (one-page) of career goals, specific areas of interest, an explanation of why this training is being pursued (may be returned by email, with original mailed)
- Three original Letters of Recommendation from physicians or medical scientists having particular knowledge of the applicant's ability or performance
- USMLE Scores (may be returned by email, with original mailed)

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

- Medical School Performance Evaluation (MSPE) 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 (to be obtained by the program)
- Verifications of any previous staff positions (to be obtained by the program)

All official academic transcripts, Dean's letters, licensure certification, and test score documents must be original documents received in sealed envelopes directly from academic institutions or accreditation bureaus. Copies will not be accepted.

Graduates of international medical schools who are applying for medical internships, residencies, or fellowships must have a valid certificate from the Education Commission for Foreign Medical Graduates (ECFMG). Applicants who are not U.S. citizens must be legally able to work in the U.S. or eligible to obtain authorization to work.

All applications and letters should be sent to:

Jon Garcia
Education & Fellowship Coordinator
OHSU Division of General Internal Medicine & Geriatrics
3181 SW Sam Jackson Park Road L-475
Portland, OR 97239
garjona@ohsu.edu