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

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.

1. Name _____
Surname First Name Middle 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 _____

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