Section IV
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 ___________________________________________ Last

ADDRESS ___________________________________________

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

College ____________________________ Location ____________________________ Dates of Attendance _____ to _____ Month Year

MEDICAL EDUCATION:

Institution __________________________ Location ____________________________ Dates of Attendance _____ to _____ Month Year

Institution __________________________ Location ____________________________ Dates of Attendance _____ to _____ 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.


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.
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.
  Keby 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

LEGACY EMANUEL HOSPITAL
2801 North Gantenbein Avenue
Portland, OR 97227

4th Floor, Room #4239

Nita Woodard: 413-4190