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. 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 applying for first postgraduate year (PGY-1) positions:

One signed copy of this application and
Letters of recommendation from the Dean of your Medical School, including dates.

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

One signed copy of this application and
Letters of recommendation 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;
Verifications of any previous staff positions.

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