

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. Telephone \_\_\_\_\_
6. Social Security # \_\_\_\_\_ 7. Date of Birth \_\_\_\_\_
8. City, State and Country of Birth \_\_\_\_\_
10. Country of Citizenship \_\_\_\_\_ 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 \_\_\_\_\_  
MP Step 1 \_\_\_\_\_ MP Step 2 \_\_\_\_\_ MP Step 3 \_\_\_\_\_

19. Licensure (States and Numbers) \_\_\_\_\_

20. Research experience (attach a list of publications if applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Electives, foreign travel, special medical experiences \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

21. Honors \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

22. Future plans in medicine \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. 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

The following are required from each applicant applying for positions at the second post graduate year or above:  
One signed copy of this application

Letters of verifications from these must come directly from the source to the Program:  
Medical School Performance Evaluation (MPSE) 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 (obtained by the program)  
Verifications of any previous staff positions (obtained by the program)

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