

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 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. 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