

The George Washington University School of Medicine and Health Sciences
Office of Graduate Medical Education
2300 Eye Street, NW, Suite 718
Washington, DC 20037

each applicant must answer all questions

Date of Application _____ **Program** _____

1. Date you expect to enter the program _____

2. Last name _____ **First Name** _____ **MI** _____

3. Date of Birth _____ / _____ / _____

4. Social Security Number _____ - _____ - _____

5. Mailing Address

Phone Number (_____) _____ - _____

Email address: _____

6. U.S. Citizen? YES _____ NO _____

If non-U.S. citizen, visa status: _____

7. Permanent Address (or other address at which you may always be contacted)

8. Name of Person to contact in case of emergency

Address (if different from above)

Phone Number (_____) _____ - _____

Educational Background

9. Medical School _____

City _____

State/Country _____

Dates Attended _____

10. ACGME Accredited first year Residency (Internship)

Program _____

Hospital _____

City _____

State/Country _____

Dates Attended _____

11. Other Clinical Experience

Residency, Fellowship, Other

Hospital _____

City _____

State/Country _____

Dates Attended _____

Residency, Fellowship, Other

Hospital _____

City _____

State/Country _____

Dates Attended _____

Residency, Fellowship, Other

Hospital _____

City _____

State/Country_____

Dates Attended_____

12. Graduate Work Completed

Program_____

Institution_____

Dates_____

13. List publications and/or research work in which you may have participated

14. Professional Practice

City_____

State/Country_____

Dates Attended_____

15. Military Service Status_____

MEDICAL LICENSURE

16. State_____

License#_____

Expiration Date_____

17. Has your license to practice medicine in any jurisdiction ever been suspended or revoked? YES_____ NO_____

18. Has your authorization to prescribe narcotics ever been rescinded? YES_____ NO_____

19. Has your medical institution ever suspended, diminished, revoked or failed to restore privileges? YES_____ NO_____

20. Have you ever been denied membership or renewal, or been subject to disciplinary proceedings in any medical organization? YES_____ NO_____

21. Have you had any malpractice judgements against you within the past five years?
YES _____ NO _____

22. Have you ever been convicted of a felony?
YES _____ NO _____

23. If you have answered YES to any of the items 17-22 a full statement must be attached

24. Have you agreed to participate in the National Residency Matching Program?
YES _____ NO _____ NRMP# if available _____

Statement of Applicant:

All information submitted by me in this application is true to the best of my knowledge and belief. I fully understand that any misstatement in or omissions from this application may constitute cause for denial of appointment or reappointment or cause for summary dismissal from the Residency Program

Signature of Applicant

Date

Please attach the following documents:

- Updated CV
- Dean's Letter and Medical School Transcript
- ECFMG certificate (if applicable)
- USMLE transcript for Step 1, Step 2 CK and CS or COMLEX equivalent scores
- USMLE Step 3 (or COMLEX) if applying for PGY 3 position or higher
- Letters of Recommendation
- Personal Statement, if required by the program