

APPLICATION FOR POST GRADUATE TRAINING

Please indicate the training program to which you are applying: _____

Please indicate the level of training for which you are applying:

- PGY-1
 PGY-2
 PGY-3
 PGY-4
 PGY-5
 PGY-6
 PGY-7
 PGY-8

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Cellphone: _____ Social Security Number: _____ NRMP #: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: (Home) _____ (Work) _____ Email: _____

EDUCATION

Medical/Podiatric/ Dental School:	Degree:	Date:	
College:(Other)	Degree:	Date:	
College:(Other)	Degree:	Date:	
Other:	Degree:	Date:	

PREVIOUS POST GRADUATE TRAINING

Name of Institution: _____ Location: _____

Position: _____ Dates Employed: _____ Accredited? Yes No

Name of Institution: _____ Location: _____

Position: _____ Dates Employed: _____ Accredited? Yes No

Name of Institution: _____ Location: _____

Position: _____ Dates Employed: _____ Accredited? Yes No

Name of Institution: _____ Location: _____

Position: _____ Dates Employed: _____ Accredited? Yes No

List Licensure Exam Scores (Please list all parts):

Please list any additional licensure or certifications, including board certification, that you presently have:

Do you currently, or have you ever, had an unrestricted license to practice medicine in any jurisdiction in the United States?
 Yes No

If yes, please indicate the state and license type:

Has your licensure ever been suspended/revoked/voluntarily terminated?
 Yes No

If yes, please explain:

List all honors, academic achievements, and scientific/medical memberships:

Are you presently authorized to work in the United States, for any employer, in a full-time capacity?
 Yes No

Have you ever been convicted of a felony?
 Yes No

If yes please explain:

Have you ever been convicted of a misdemeanor?
 Yes No

If yes please explain:

The information provided on this application is true and complete to the best of my knowledge.
Signature and Date:

MedStar Washington Hospital Center participates in the National Residency Matching Program, and abides by the rules and regulations of that program for the selection and appointment of house officers.

A complete application will contain all of the following:

*Application Form completed in its entirety	*Dean's Letter
*Personal Statement	* Licensure Exam Scores
*Official Medical/Podiatric/Dental School transcript	*Curriculum Vitae
*Three Letters of Recommendation	*ECFMG Certificate (if applicable)

Completed Applications should be forwarded to :
Office of Graduate Medical Education
MedStar Washington Hospital Center
110 Irving Street, NW, Rm 6A-126
Washington DC 20010-2975

PERSONAL STATEMENT

An application is a routine means of presenting yourself as a person to our staff. Language is a tool you will need to use extensively during your postgraduate experience. Here we offer you an opportunity to use language not to "sell yourself," but to communicate with us. Please tell us something about yourself, your ideas, your plans. There are no limits or rules; you may use your own format and or extra pages. Please include this personal statement with your completed application.