



GRADUATE MEDICAL EDUCATION OFFICE

PERSONAL INFORMATION FORM

DATE: _____

Please answer all questions completely and return with other packet materials to the Graduate Medical Education Office. PLEASE TYPE OR PRINT LEGIBLY.

FULL NAME _____

Social Security # _____

Sex _____ Marital Status _____ Maiden Name _____

Birth Date _____ Birthplace _____

Citizenship: US _____ Other (specify) _____ Naturalized? _____

Visa Status: Permanent _____ Temporary _____ (J-1 _____ H-1 _____ Other _____

Ethnic Origin: Caucasian _____ Black _____ American Indian/Alaskan _____ Indian _____ Hispanic _____ Asian (specify) _____

Email Address _____

ADDRESS (home) _____ Telephone (____) _____

ADDRESS (local) _____ Telephone (____) _____

PARENTS' NAMES _____ PARENTS' Telephone (____) _____

PARENTS' ADDRESS _____ street _____ city _____ state _____ zip _____

PRESENT MILITARY STATUS, RANK & SERVICE _____ (including reserve information)

ARE YOU ELIGIBLE FOR VETERANS ADMINISTRATION BENEFITS? YES _____ NO _____

UNDERGRADUATE COLLEGE _____ DEGREE _____ DATE _____

ADVANCED STUDY (MA, Ph.D, etc) _____ DEGREE _____ DATE _____

MEDICAL/PROFESSIONAL SCHOOL _____ DEGREE _____ DATE _____ mm-dd-yyyy

DEGREES OTHER THAN THOSE ABOVE: _____

TRAINING SINCE MEDICAL/PROFESSIONAL SCHOOL: (INTERNSHIP, RESIDENCY, FELLOWSHIP)

<u>Hospital/Institution</u>	<u>Program/Service</u>	<u>Position</u>	<u>Inclusive Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____ over
_____	_____	_____	_____
_____	_____	_____	_____

EXAMS:

USMLE I: Date _____ Score _____

USMLE II: Date _____ Score _____

USMLE III: Date _____ Score _____

FMGEMS/FLEX: Date _____ Score _____

ECFMG #: _____ Date Certified: _____ Expiration Date: _____
mm-dd-yyyy mm-dd-yyyy

STATE LICENSURES:

<u>State</u>	<u>Expiration Date</u>	<u>State</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION(S) AND MEMBERSHIPS: (Medical Societies and Boards, including dates)

AOA Membership: Yes _____ No _____

RESEARCH AND PRACTICAL EXPERIENCE: (List all appointments/employment since receiving medical/professional degree. Hospital/Institution, including dates.)

IS THERE ANY PERTINENT INFORMATION WHICH THE HOSPITAL AND OTHER MEDICAL CLINICAL STAFF SHOULD KNOW ABOUT YOUR STATUS, WHETHER IT BE MILITARY, PHYSICIAN, HEALTH, OR OTHER? PLEASE EXPLAIN COMPLETELY.

Revised 3/2009