

**WAYNE STATE UNIVERSITY/DETROIT MEDICAL CENTER
GRADUATE MEDICAL EDUCATION
APPLICATION FOR GRADUATE CLINICAL TRAINING**

INSTRUCTIONS: Please type (preferred) or print. Do not use pencil. Complete all sections of application fully.

Application to begin training on _____ **Specialty Dept.** _____
Month Day Year

Postgraduate Year Training Requested: PGY I PGY II PGY III PGY IV
 PGY V PGY VI PGY VII

Social Security Number: _____ **Please circle degree received:** M.D. D.O. D.D.S.

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Are you registered with the NRMP? Yes No **NRMP Applicant Code:** _____

Present home address and telephone number:

Number & Street City State Zip Code Country (if not USA) Telephone #

E-Mail Address (if available): _____

Address and telephone number where you can be reached during the day:

Number & Street City State Zip Code Country (if not USA) Telephone #

Previous Education:

Name of Preparatory or High School Location Month/Year to Month/Year Degree

Name of College or University Location Month/Year to Month/Year Degree

Name of Medical/Osteopathic or Dental School Location Month/Year to Month/Year Degree

Previous Postgraduate Training:

	Name of Institution	Location	Training Supervisor	Specialty	Dates:	
					From	To
Resident						
Resident						
Resident						
Resident or Fellow						
Resident or Fellow						

Non-U.S. Citizens MUST Complete This Section:

Type of visa you have or intend to have for entrance into the USA: Exchange Visitor (J-1)
 Permanent Visa Number: _____
 Other (Please Specify): _____

List those writing letters of recommendations:

Name	Address	Position
Name	Address	Position
Name	Address	Position
Name	Address	Position

Results of N.B.M.E. or U.S.M.L.E.: Part I Score: _____ Part II Score: _____ Part III Score: _____

Results of Flex Examination (if taken): Score: _____

Licensure Information (full license or temporary license): *[If you hold a medical license, please attach a copy]*

Type of License (Perm or Temp)	State	Number	Date Conferred	Expiration Date

Professional experience, including current status, other than training (omit any employment while a full-time student):

From	To	Employer	Position Held

Publications, memberships in honorary scientific and professional societies, etc.:

Briefly describe your career objectives:

International Medical Graduates – Examinations:

<input type="checkbox"/>	VQE	Passed: _____	Failed: _____	Date Taken: _____
<input type="checkbox"/>	ECFMG	Score: _____		Date Taken: _____
<input type="checkbox"/>	FMGEMS	Basic Science Score: _____		Date Taken: _____
		Clinical Science Score: _____		Date Taken: _____
<input type="checkbox"/>	USMLE	Part I Score: _____		Date Taken: _____
		Part II Score: _____		Date Taken: _____
		Part III Score: _____		Date Taken: _____

ECFMG Certificate Number: _____ **Date Conferred:** _____

[Please attach a copy of your certificate or certification letter]

I certify that all statements on this application are true and accurate to the best of my knowledge.

Date: _____ Signature: _____