

9500 Euclid Ave Cleveland OH 44195

APPLICATION FOR RESIDENCY OR FELLOWSHIP

Please print or type: the application and all supporting documents should be sent directly to the program director

| Program Applied For: _ | | | | | | | | |
|------------------------|-----------------------------------|--------------------------|--|----------------|-----------------|----------------------|--|--|
| To begin on | at Graduate Level | | | | | | | |
| Last Name | | First | | Middl | le (No Initial) | | | |
| Present Street Address | City | | State | Zip Code | Country | | | |
| Home Phone | Work F | Phone | | Cell Phone | | | | |
| Permanent Address | | | | Home Telephone |) | Work Telephone | | |
| City | State | Zip Code | | Coun | itry | | | |
| E-Mail Address | | | Fax Number (If international, please provide country and city codes) | | | | | |
| EDUCATION: | | | | | | | | |
| College or University | City | | State | Beginning | Ending | Major | | |
| Advanced Degree School | City | | State | Beginning | Ending | Degree Granted | | |
| Medical School | City | | State | Beginning | Ending | Degree Granted | | |
| CERTIFYING EXAMS: | | | | | | | | |
| □ USMLE | □ COMLEX | □ Other: | | | | | | |
| Step or Part 1 | Step or Part 2 ck | Step or Part 2 cs | Step or | Part 3 | | | | |
| HOSPITAL EXPERIENCE | CE: (Please list all previous tra | aining. Use additional s | heet if necessary) | | | | | |
| Program | Hospital | City | State | beginning end | | U.S. International | | |
| Program | Hospital | City | State | beginning end | ing | U.S. Internationa | | |
| Program | Hospital | City | State | beginning end | □ | U.S. Internationa | | |
| Program | Hospital | City | State | beginning end | | U.S. Internationa | | |
| i rogium | i ioopitai | Oity | Jiait | boginning citu | a | | | |

| Do you currently | y hold a medical licer | nse? □ Yes □ No | | | | | | |
|--------------------|---|-----------------------------|--------------------|----------------------------|---|--|--|--|
| List states where | e you hold permaner | nt licensure - include nun | nber and expirat | tion date: | | | | |
| State | License Number | Expiration | State | License Number | Expiration | | | |
| | | | | | | | | |
| State | License Number | Expiration | State | License Number | Expiration | | | |
| 3. Have you eve | er been denied a med | dical license or had a lice | ense revoked? | □ Yes □ No | | | | |
| If yes, explain: _ | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. International | Medical Graduates | s Only: | | | | | | |
| Are you certified | by the E.C.F.M.G.? | □Yes □No | | | | | | |
| Certificate numb | Certificate number: Certificate issue date: | | | | | | | |
| 5. Citizen of U.S | S.? □ Yes □ No | If no, Permanent residen | nt? □ Yes □ I | No If yes, Alien number: | A# | | | |
| If not a citizen o | r permanent residen | t, are you currently in the | u.s.? □ Y | ′es □ No | | | | |
| If so, what is you | ur status? | | | | | | | |
| ☐ Exchange Vis | sitor Visa (J-1) | □ Research □ Clinical | How long? _ | | | | | |
| ☐ H1B Visa | | □ Research □ Clinical | How long? _ | | | | | |
| ☐ Other | | Exp. date | | | | | | |
| If not in the U.S. | ., what type of Visa n | nay we advise you about | t: □ J-1 □ H-1B | | | | | |
| 6. References a | and Supporting Dod | cuments: | | | | | | |
| PGYI: | Please submit a CV, Personal Statement, Deans Letter, USMLE (or COMLEX) score reports, Transcripts, and at Least 2 letters of recommendation from physicians whom have supervised you in a clinical setting as well as a class standing, if available. | | | | | | | |
| PGYII/above: | Please submit a CV, personal statement, Deans letter, USMLE (or COMLEX) score reports, transcripts, a letter of support from your residency program director and at Least 2 letters of recommendation from other physicians whom have supervised you in a clinical setting as well as certificate (or other validation) of all previous training. | | | | | | | |
| INTERNATION | AL GRADUATES: In addition to the r | equirements above, plea | ase send a certif | ied copy of your E.C.F.M.C | G. certificate. | | | |
| | REFERE | NCES AND SUPPORTII | NG DOCUMEN | TS WILL NOT BE RETUR | NED. | | | |
| Decisions concerr | ning employment, trans | fers and promotions are ma | nde upon the basis | | d applicants for employment. te without regard to color, race, steran or any other characteristic | | | |
| In signing this a | pplication I certify tha | at the information given c | or attached is tru | ue, accurate and complete. | | | | |
| Signed | | | | Date | | | | |