

## Application for Admission

|                  |  |
|------------------|--|
| Title of program |  |
|------------------|--|

|                     |                       |
|---------------------|-----------------------|
| Date of application | Date program to begin |
|---------------------|-----------------------|

|                    |
|--------------------|
| PGY level at entry |
|--------------------|

### Personal Data

|      |                     |
|------|---------------------|
| Name | Social Security no. |
|------|---------------------|

|                                    |  |     |      |
|------------------------------------|--|-----|------|
| Mailing Address: Number and Street | Mailing address and phone current until: |     |      |
|                                    | Month                                    | Day | Year |

|      |       |          |
|------|-------|----------|
| City | State | Zip code |
|------|-------|----------|

|            |            |               |
|------------|------------|---------------|
| Home phone | Cell phone | Email address |
|------------|------------|---------------|

|  |                 |
|--|-----------------|
| Permanent address: c/o Name, Number and Street | Permanent phone |
|--|-----------------|

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

|  |             |
|--|-------------|
| Date of Birth (required for state license application) | Citizenship |
|--|-------------|

### Visa

|                |      |     |
|----------------|------|-----|
| Current Status | Type | No. |
|----------------|------|-----|

|  |            |                 |
|--|------------|-----------------|
| Visa status at the time of fellowship start date | Issue date | Expiration date |
|--|------------|-----------------|

**Please note that ASTP Fellowships with Northwestern require credentialing through Northwestern Memorial Hospital, and therefore can only accept candidates that are US Citizens/Permanent Citizens or Green Card Holders.**

### Education (List all schools attended)

| Institution                    | Dates attended |              | Degree conferred |      |
|--------------------------------|----------------|--------------|------------------|------|
| Include full name and location | From (Mo./Yr.) | To (Mo./Yr.) | Type             | Date |
| Undergraduate                  |                |              |                  |      |

|                       |  |  |  |  |
|-----------------------|--|--|--|--|
| Medical School        |  |  |  |  |
| Graduate work (Other) |  |  |  |  |

**Graduate Medical Education (Include all current and previous graduate medical education)**

| Postgraduate experience (resident or fellow)   | Dates attended |              | Name of Program Director | Training complete Y/N |
|--|----------------|--------------|--------------------------|-----------------------|
|  | From (Mo./Yr.) | To (Mo./Yr.) |                          |                       |
| All current and previous postgraduate medical education must be verified by the institution at which training occurred |                |              |                          |                       |
| <b>Name of program and institution</b>   |                |              |                          |                       |
| 1)   |                |              |                          |                       |
| <b>Name of program and institution</b>   |                |              |                          |                       |
| (2)  |                |              |                          |                       |
| <b>Name of program and institution</b>   |                |              |                          |                       |
| (3)  |                |              |                          |                       |
| <b>Name of program and institution</b>   |                |              |                          |                       |
| (4)  |                |              |                          |                       |

During any prior graduate medical education, were you ever disciplined or placed on probation by licensing body, institution, or training program? Y/N

If so, please explain on a separate page to follow.

**Other Medical Experience (Include experience such as private practice, hospital and staff appointments, research and military)**

|      |          |       |
|------|----------|-------|
| Type | Location | Dates |
| Type | Location | Dates |
| Type | Location | Dates |
| Type | Location | Dates |

**Letters of Recommendation Requested (To be sent directly to the program)**

|             |              |                    |
|-------------|--------------|--------------------|
| <b>Name</b> | <b>Title</b> | <b>Institution</b> |
| <b>Name</b> | <b>Title</b> | <b>Institution</b> |
| <b>Name</b> | <b>Title</b> | <b>Institution</b> |

**Examinations Taken****U.S./Canadian/international medical school graduates**

|                         |               |               |               |
|-------------------------|---------------|---------------|---------------|
| <b>USMLE</b>            | <b>Step 1</b> | <b>Step 2</b> | <b>Step 3</b> |
| <b>First time pass?</b> | <b>Y/N</b>    | <b>Y/N</b>    | <b>Y/N</b>    |

**International medical graduates only**

|                          |                     |            |
|--------------------------|---------------------|------------|
| <b>ECFMG Certificate</b> | <b>Date Issued:</b> | <b>No.</b> |
|--------------------------|---------------------|------------|

**Licensure**

|              |                      |                        |
|--------------|----------------------|------------------------|
| <b>State</b> | <b>Temporary No.</b> | <b>Permanent No.</b>   |
|              | <b>Date Issued:</b>  | <b>Expiration Date</b> |
| <b>State</b> | <b>Temporary No.</b> | <b>Permanent No.</b>   |
|              | <b>Date Issued:</b>  | <b>Expiration Date</b> |

Have you ever been convicted of a felony? Y/N      If, yes please explain on a separate page to follow.

The information I have given in this application is current and complete to the best of my knowledge.

|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|