



APPLICATION FOR ADVANCED CLINICAL TRAINING

In
ORTHOPAEDIC SURGERY
commencing August 1, 20__

_____ PROGRAM
(fill in program)

Name: _____
(Last Name) (First) (M.I.)

Date of Birth: _____ Place of Birth _____

Current Citizenship: _____ Social Security #: _____

Current Address: _____ Telephone: () _____

Home Address: _____ Telephone() _____

Email Address: _____

EDUCATIONAL BACKGROUND

Undergraduate: _____ **Dates Attended** **Degree**

Graduate (non-medical)

Medical School _____

POST-GRADUATE(including specialization):

Internship: _____

OITE EXAMS (enclose copies)

Year-in-raising	Date Taken	%Correct	%tile Score
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NATIONAL BOARD/ECFMG SCORES (official report should also be sent)

NBME:

Part I Date _____ Score _____

Part II Date _____ Score _____

Part III Date _____ Score _____

FLEX: SCORE _____

SCORE _____

ECFMG: (enclose certificate)

FMGEMS Part I/USMLE Step I Date _____ Score _____

FMGEMS Part II/USMLE Step II Date _____ Score _____

MEDICAL LICENSES (List States)

State	License	Date Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are a graduate of a foreign medical school are you eligible for a New York State licensure?

RESERCH ACTIVITIES (describe nature or research, dates of participation and specific responsibilities)

Dates	Description
_____	_____
_____	_____
_____	_____

PUBLICATIONS (use standard reference style):

1. _____

2. _____

PUBLICATIONS (use standard reference style):

3. _____

4. _____

PRESENTATIONS:

1. _____

2. _____

3. _____

EXTRACURRICULAR ACTIVITIES (include nonmedical and nonacademic achievements, athletic activities, hobbies, etc)

PERSONAL HEALTH

1. Medical History _____

2. Surgical History _____

3. Psychiatric History _____

4. General Description of personal health _____

I fully acknowledge that the information contained in this application is true.

Signature _____ Date _____

DEPARTMENTAL:

Date: _____

Reviewer: _____