Thomas Jefferson University Hospital
Jefferson Health System

Application for Graduate Training

PLEASE MOUNT HERE
A SMALL RECENT
PHOTOGRAPH

For Residency (Department)

For Fellowship (Department)

Dates of proposed training

to

Name (Last, First, Middle)	Sex

Mailing Address	Telephone Number

Permanent Address	Telephone Number

Social Security Number	Age	Date of Birth	Place of Birth

U.S. Citizen ☐ Yes ☐ No	If not, citizen of what country?

Type of visa on which you have entered/you will enter the United States (Education, Immigrant, Other)

ECFMG Number and results (Attach copy of certificate)	Visa Qualifying Examination? (Attach copy of results)

Have you entered/will you enter the United States under the Exchange Visitor Program ☐ Yes ☐ No

If not, give name of sponsor

Can you perform the essential functions of your residency position with or without reasonable accommodation? ☐ Yes ☐ No

If No, Please Explain

Marital Status	Name of spouse	Address

If not married, name of nearest of kin	Address

Military Status (Dates of Service or Draft Classification)

Curriculum Vitae	Institution	Dates	Degree	Major Subject	Honors
College					
Post Graduate					
** Medical College					

** Graduates of medical colleges outside the United States or Canada must present credentials acceptable to the Thomas Jefferson University Hospital and Educational Council for Foreign Medical Graduates and must submit their test scores before this application will be processed.
Contact: Educational Council for Foreign Medical Graduates, 3624 Market Street, Philadelphia, PA 19104.

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Post Graduate Hospital Training

First Post Graduate year or Internship Hospital (Name, Address)

Specialty

Dates to	Chief of Service or Staff

Residency Hospital (Name, Address)

Dates to	Type of Residency
Board Credit Years	Chief of Service

Additional Hospital Training (Name, Address)

Dates to	Type of Training
Board Credit Years	Chief of Preceptor

Attach to this application a list of your scientific publications and a short description of any research experience which you have had prior to, during and after you medical education, including the names of the preceptors.

On the same sheet please list any honor society memberships, scholarships, honorary fellowships or awards which you have received, including the field of interest, stipends and dates of each.

Please indicate the exams you have taken:

☐ NBME, Part I ☐ NBME, Part II ☐ NBME, Part III

☐ USMLE, Step I ☐ USMLE, Step II ☐ USMLE, Step III

☐ Flex I ☐ Flex II

Please attach copies of exam results

License Number (attach copy of license)	
Do you belong to a county medical society? ☐ Yes ☐ No	Which one?

Did you belong to any undergraduate societies in medical college?

Are you a Diplomate of the National Board of Medical Examiners?

What employment positions have you held outside the field of medicine? Include dates and stipends.

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List below the names and addresses of three professional references, at least one of whom is a medical college faculty reference.

References	Name	Address	Years Acquaintance
1.			
2.			
3.			

In signing this application the physician submitting hereby certifies that to the best of (his/her) knowledge the information given is true. Appointments are contingent on the successful completion of the applicant's current year of graduate medical training, and the Thomas Jefferson University Hospital appointment process.

Dates this _____ day of _____, 20 _____, at (city, state) _____

Signed _____

Mail To: Chairman, Department of _____, Thomas Jefferson University Hospital, Phila., PA 19107

AREA BELOW **NOT** TO BE FILLED IN BY APPLICANT

To the Hospital Director:

I am herewith forwarding to you the application of _____
Applicant's Name

for a _____ in _____, to be considered by the House Staff Committee.
Residency/Fellowship Specialty

I hereby recommend acceptance of the above applicant for one year

a. from _____ to _____

b. Stipend to be _____ per annum.

c. Stipend payable form (Name of Fund, Grant, etc.) _____

d. The applicant is a ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth ☐ Sixth year resident

Signed _____

Date _____ Chairman, Department of _____

Please send in **TWO** complete copies of the Application for Graduate Training, and **ONE** copy each of the following:

- Three letters of recommendation—one from the surgical residency program director.
- Medical school transcripts.
- Brief personal statement.
- E-mail address.