



**Results of U.S.M.L.E.:** Part I Score: \_\_\_\_\_ Part II Score: \_\_\_\_\_ Part III Score: \_\_\_\_\_  
 Date taken: \_\_\_\_\_ Date taken: \_\_\_\_\_ Date taken: \_\_\_\_\_

**Licensure Information (full license or temporary license)** *Attach a copy of your medical license*

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

**Board Certification:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ Discipline: \_\_\_\_\_

**Have you ever resigned or withdrawn association from a residency or fellowship program to avoid the impositions of disciplinary measures?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ Reason: \_\_\_\_\_

**Have you ever been disciplined by, dismissed from, or not re-appointed to a residency or fellowship program?**  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ Reason: \_\_\_\_\_

**Have you ever had medical licensure limited, restricted, suspended, revoked, denied or subject to probationary conditions?**  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ Reason: \_\_\_\_\_

**Do you have any pending or previous professional misconduct proceedings or pending or previous malpractice actions, judgments or settlements?** Yes: \_\_\_\_\_ No: \_\_\_\_\_ Reason: \_\_\_\_\_

**Have you ever been convicted of a misdemeanor or felony in any jurisdiction?** Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Reason: \_\_\_\_\_

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

From	To	Employer	Position Held

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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): \_\_\_\_\_

**International Medical Graduates-Examinations:**

VQE Passed: \_\_\_\_\_ Failed: \_\_\_\_\_ Date taken: \_\_\_\_\_  
 ECFMG Score: \_\_\_\_\_ Date taken: \_\_\_\_\_  
 FMGEMS Basic Science Score Date taken: \_\_\_\_\_  
 Clinical Science Score Date taken: \_\_\_\_\_

**ECFMG Certificate Number:** \_\_\_\_\_ **Date Conferred:** \_\_\_\_\_

**Please provide names, addresses and phone numbers of three academic or professional persons from whom you have requested a recommendation. You must complete this section even if the information may be found on your CV.**

**Reference 1:**

Name \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**Reference 2:**

Name \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**Reference 3:**

Name \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

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**Statement of Purpose:**

Attach a career statement (2 pages maximum) that is complete and specific in describing your interest in preventive medicine, your previous experience, qualifications for the program, and your career plans.

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_