

McGaw Medical Center of Northwestern University
Office of Graduate Medical Education
Application for Admission

Note: Photocopy the completed application for your files. Please notify the Graduate Medical Education office (312/503-7975) and the program office of any change in your address or phone number.		Date of application		Date program to begin	
		PGY level at entry		<input style="width: 40px; height: 25px;" type="text"/>	
Personal Data					
Name: Last		First		Middle	
Mailing Address: Number and Street				Social Security no.	
				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	
		Citizenship		International applicants, specify type of visa you hold	
Matriculation Data					
Medical school		Location		Degree	
				Month	
				Year	
Program					
McGaw Medical Center/Northwestern Memorial Hospital/VA Chicago Health Care System, Chicago, Illinois					
<input style="width: 40px; height: 25px;" type="text"/>		Name of Program			
McGaw Medical Center/Ann and Robert H. Lurie Children's Hospital of Chicago, Illinois					
<input style="width: 40px; height: 25px;" type="text"/>		Name of Program			
McGaw Medical Center/Rehabilitation Institute of Chicago, Illinois					
<input style="width: 40px; height: 25px;" type="text"/>		Name of Program			

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
All current and previous postgraduate medical education must be verified by the institution at which training occurred	From (Mo./Yr.)	To (Mo./Yr.)		
Name of program and institution				
1)				
Name of program and institution				
(2)				
Name of program and institution				
(3)				
Name of program and institution				
(4)				
<p>During any prior graduate medical education, were you ever disciplined or placed on probation by licensing body, institution, or training program? Y/N</p> <p>If so, please explain on a separate page to follow.</p>				
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)			
Name	Title		Institution
Name	Title		Institution
Name	Title		Institution
Examinations Taken (Photocopies of original documents with scores and dates must accompany the application)			
U.S./Canadian/international medical school graduates			
USMLE	Step 1	Step 2	Step 3
First time pass ?	Y/N	Y/N	Y/N
International medical graduates only			
ECFMG Certificate	Date Issued	No.	
Visa			
Current Status	Type	No.	
Issue date	Expiration date		
Licensure			
State	Temporary No.	Permanent No.	
	Date Issued:	Expiration Date	
State	Temporary No.	Permanent No.	
	Date Issued:	Expiration Date	
Have you ever been convicted of a felony? Y/N If, yes please explain on a separate page to follow. Have you ever been convicted of a misdemeanor? 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.			
Signature			Date