

University of  
**NEW ENGLAND**

**Application for Internship/Residency beginning in: \_\_\_\_\_ (year)**

Attach a recent photo of yourself.

Type or Print:

1. Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

2. Social Security Number \_\_\_\_\_

3. Present Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Phone Number (Day) \_\_\_\_\_ Night \_\_\_\_\_

Beeper \_\_\_\_\_

5. Date of Birth \_\_\_\_\_

6. I am applying for the following Graduate Program(s):

Traditional Rotating Internship \_\_\_\_\_

Family Practice Residency \_\_\_\_\_

Neuromusculoskeletal Medicine Residency \_\_\_\_\_

Combined Residency \_\_\_\_\_

Geriatric Fellowship \_\_\_\_\_

7. Post Graduate Year

PGY I \_\_\_\_\_

PGY II \_\_\_\_\_

PGY III \_\_\_\_\_

PGY IV \_\_\_\_\_

8. Citizenship: USA \_\_\_\_\_ Other \_\_\_\_\_ Please Specify: \_\_\_\_\_

9. Visa Status (if applicable) \_\_\_\_\_

10. Medical Education

Medical Schools Attended

Name

City

State

Zip

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Month/Year of Matriculation at Medical School: \_\_\_\_\_

12. Month/Year of Graduation: \_\_\_\_\_

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13. At the time I begin the Graduate Medical Education Program for which I am now applying, I will have taken the following exam(s) checked below:

NBOME Part I \_\_\_\_\_ NBOME Part II \_\_\_\_\_ NBOME Part III \_\_\_\_\_

14. State(s) of Licensure:

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

15. Education (Include Transcripts):

Undergraduate Universities From \_\_\_\_\_ To \_\_\_\_\_  
Major \_\_\_\_\_ Degree: \_\_\_\_\_

A. Name, City, State \_\_\_\_\_

B. Name, City, State \_\_\_\_\_  
\_\_\_\_\_

Graduate Universities From \_\_\_\_\_ To \_\_\_\_\_  
Major \_\_\_\_\_ Degree: \_\_\_\_\_

A. Name, City, State \_\_\_\_\_

B. Name, City, State \_\_\_\_\_  
\_\_\_\_\_

16. Hospital Training:

A. Internship Type, Hospital Name, City, State \_\_\_\_\_

B. Residency Type, Hospital Name, City, State \_\_\_\_\_

C. Fellowship Type, Hospital Name, City, State \_\_\_\_\_

17. Service Obligations (National Health Services Corps., Armed Forces Scholarships, State Programs, etc.)

\_\_\_\_\_ I am not required to fulfill any service obligations.

\_\_\_\_\_ I am committed to fulfill the following service obligations:

\_\_\_\_\_

18. Interviewing:

The following time period is most convenient for me (please specify dates and times):

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

19. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

20. Have you ever had your license revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

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21. References

In addition to a letter from the Director of Medical Education of my internship, the following individuals who know my qualifications have been asked to write references for me.

A. Name/Title \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

B. Name/Title \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

C. Name/Title \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

D. Name/Title \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

22. Please attach a personal statement as to why you would make a good candidate. \_\_\_\_\_

23. Check one:

\_\_\_\_\_ I hereby waive access to the above letters and will so inform the authors.

\_\_\_\_\_ I desire access to the above letters and will so inform the authors.

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

Name of Applicant – (Type or Printed) \_\_\_\_\_

I have read and understand the instructions for the completion of this application. I certify that the information submitted on this application is complete and correct to the best of my knowledge. I understand that any false or missing information may disqualify me from this position.

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