

Information Needed from Applicants not applying through a Standard Application Service

Demographics

First Name: Click or tap here to enter text.

Middle Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Credentials: Choose an item.

Medical Education

Medical School Name: Click or tap here to enter text.

City: Click or tap here to enter text.

Country: Click or tap here to enter text.

Date started: Click or tap to enter a date.

Date Graduated: Click or tap to enter a date.

Prior Graduate Medical Education (complete as many as are applicable for each specialty)

Program Name: Click or tap here to enter text.

Specialty: Click or tap here to enter text.

Country: Click or tap here to enter text.

Date started: Click or tap to enter a date.

Date Graduated: Click or tap to enter a date.

Accreditation: Choose an item.

Program Name: Click or tap here to enter text.

Specialty: Click or tap here to enter text.

Country: Click or tap here to enter text.

Date started: Click or tap to enter a date.

Date Graduated: Click or tap to enter a date.

Accreditation: Choose an item.

Program Name: Click or tap here to enter text.

Specialty: Click or tap here to enter text.

Country: Click or tap here to enter text.

Date started: Click or tap to enter a date.

Date Graduated: Click or tap to enter a date.

Accreditation: Choose an item.

Veteran Status

Are you a Veteran of the United States Armed Services? ☐ Yes ☐ No

Service Obligations

Do you have current or future Military Service Obligations? ☐ Yes ☐ No

If, "Yes," please describe: [Click or tap here to enter text.](#)

Do you have any other current or future service obligations (National Health Service Corps, State Programs, etc.) ☐ Yes ☐ No

If, "Yes," please describe: [Click or tap here to enter text.](#)

Graduates of Medical Schools outside of the United States or Canada

ECFMG Registration Number: [Click or tap here to enter text.](#)

ECFMG Registration Date: [Click or tap here to enter text.](#)

Citizenship/Visa Status

Do you require a visa to legally work in the United States? ☐ Yes ☐ No

Limiting Factors

Are you able to carry out the responsibilities of a resident or fellow in the specialties and at the specific training programs to which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations?

☐ Yes ☐ No

Have you ever been convicted of a misdemeanor?

☐ Yes ☐ No

If Yes, please explain: [Click or tap here to enter text.](#)

Have you ever been convicted of a felony?

☐ Yes ☐ No

If Yes, please explain: [Click or tap here to enter text.](#)