

\*(This application is solely for the use of applicants to programs not participating in a national match such as NRMP.)

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

<b>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.</b>	Date of application	Date program to begin 7/1/2017
	PGY level at entry <input type="checkbox"/>	

Personal Data			
Name: Last	First	Middle	Social Security no.
Mailing Address: Number and Street			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	
Date of Birth (required for state license application)		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 checked="" type="checkbox"/>	Name of Program
McGaw Medical Center/Anne and Robert H. Lurie Children's Hospital of Chicago, Illinois	
<input type="checkbox"/>	Name of Program
McGaw Medical Center/Rehabilitation Institute of Chicago, Illinois	
<input type="checkbox"/>	Name of Program

**Education (List all schools attended)**

Institution Include full name and location	Dates attended		Degree conferred	
	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) All current and previous postgraduate medical education must be verified by the institution at which training occurred	Dates attended		Name of Program Director	Training complete Y/N
	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)				

During any prior graduate medical education, were you ever disciplined or placed on probation by licensing body, institution, or training program? Y/N

If so, please explain on a separate page to follow.

**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)**

<b>Name</b> ON FILE	<b>Title</b>	<b>Institution</b>
<b>Name</b> ON FILE	<b>Title</b>	<b>Institution</b>
<b>Name</b> ON FILE	<b>Title</b>	<b>Institution</b>

**Examinations Taken (Photocopies of original documents with scores and dates must accompany the application)**

**U.S./Canadian/international medical school graduates**

<b>USMLE</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>
<b>First time pass ?</b>	<b>Y/N</b>	<b>Y/N</b>	<b>Y/N</b>

**International medical graduates only**

<b>ECFMG Certificate</b>	<b>Date Issued</b>	<b>No.</b>
<b>Visa</b>		
<b>Current Status</b>	<b>Type</b>	<b>No.</b>
<b>Issue date</b>	<b>Expiration date</b>	

**Licensure**

<b>State</b>	<b>Temporary No.</b>	<b>Permanent No.</b>
	<b>Date Issued:</b>	<b>Expiration Date</b>
<b>State</b>	<b>Temporary No.</b>	<b>Permanent No.</b>
	<b>Date Issued:</b>	<b>Expiration Date</b>

Have you ever been convicted of a felony? 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.

<b>Signature</b>	<b>Date</b>
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