

Graduate Medical Education

Application for Admission

Note: Photocopy the completed application for your files and your medical school dean, if required. Enter your name exactly as registered with the NRMP. Please notify the Graduate Medical Education office (312/503-7975) and the program office of any change in your address or phone number, especially if you match.

Date of application

Date program to begin

PGY level

 I II III Higher Fellowship

NRMP candidate no.

Please type or print legibly.

Personal Data

Name: Last		First	Middle	Social Security no.
Mailing address: Number and street		City		Mailing address current until Mo. Day Yr.
State	Zip code	Home phone ()	Daytime phone ()	Phone current until Mo. Day Yr.
Permanent address: c/o Name				Permanent phone ()
Number and street		City	State	Zip code
Date of birth (required for state license application)		Citizenship status	Foreign applicants, specify type of visa you hold.	

Matriculation Data

Medical school	Location	Degree	Mo.	Yr.
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Programs Offered

First-year appointments available through the NRMP matching process and appointments for additional specialty programs are listed below. Please check all programs to which you wish to apply.

McGaw Medical Center/Northwestern Memorial Hospital/Rehabilitation Institute of Chicago/VA Chicago Health Care System--Lakeside Division, Chicago, Illinois
NRMP Code 2247

Program

code Complete programs

- | | |
|----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> 31 Anesthesiology-C* | <input type="checkbox"/> 60 Physical Medicine & Rehab.-S |
| <input type="checkbox"/> 51 Anesthesiology-S* | <input type="checkbox"/> 49 Plastic & Reconstructive Surgery-S |
| <input type="checkbox"/> 33 Emergency Medicine-C* | <input type="checkbox"/> 41 Psychiatry-C |
| <input type="checkbox"/> 19 General Surgery-C* | <input type="checkbox"/> 43 Radiation Oncology-S |
| <input type="checkbox"/> 16 Internal Medicine-C* | <input type="checkbox"/> 62 Radiology/Diagnostic-S* |
| <input type="checkbox"/> 35 Neurology-C | One-year programs |
| <input type="checkbox"/> 23 Obstetrics & Gynecology-C* | <input type="checkbox"/> 15 Internal Medicine/Prelim.-P* |
| <input type="checkbox"/> 38 Orthopaedic Surgery-C* | <input type="checkbox"/> 18 Surgery/Prelim.-P* |
| <input type="checkbox"/> 25 Pathology-C | |
| <input type="checkbox"/> 40 Physical Medicine & Rehab.-C | |

Specialties requiring surgery or medicine as a prerequisite

- | | | |
|-------------------------------------------------|--------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Psychiatry/Child & Adolescent |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Otolaryngology-- | <input type="checkbox"/> Head & Neck Surgery |
| <input type="checkbox"/> Neurological Surgery | <input type="checkbox"/> Pediatric Surgery | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Nuclear Medicine | | <input type="checkbox"/> Vascular Surgery |

Fellowship

Specialty _____

*Application only through the Electronic Residency Application System (ERAS)

McGaw Medical Center/Evanston Northwestern Healthcare, Evanston, Illinois
NRMP Code 2090

Program

code Complete programs

- | |
|----------------------------------------------------------|
| <input type="checkbox"/> 31 Anesthesiology-C |
| <input type="checkbox"/> 20 Family Practice-C* |
| <input type="checkbox"/> 16 Internal Medicine-C* |
| <input type="checkbox"/> 25 Pathology-C |
| One-year programs |
| <input type="checkbox"/> 15 Internal Medicine/Prelim.-P* |
| <input type="checkbox"/> 14 Internal Medicine/Trans.-P* |

McGaw Medical Center/Children's Memorial Hospital, Chicago, Illinois
NRMP Code 1842

Program

code Complete program

- | |
|------------------------------------------|
| <input type="checkbox"/> 28 Pediatrics-C |
|------------------------------------------|

Fellowship

Specialty _____

Education *List all schools attended.*

Institution	Dates attended		Degree conferred	
	From Mo./Yr.	To Mo./Yr.	Type	Date
Include full name and location				
Undergraduate				
Medical school				
Graduate work (doctoral or master's)				

Graduate Medical Education *Include current and previous graduate medical education.*

Postgraduate experience (resident or fellow)	Dates attended		Name of program supervisor
All previous years of approved and credited postgraduate medical education must be documented by each institution.	From Mo./Yr.	To Mo./Yr.	
PGY I Type			
Name and address of institution			
PGY II Type			
Name and address of institution			
PGY III Type			
Name and address of institution			
PGY IV Type			
Name and address of institution			

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

Career Objectives

Please write an autobiographical statement on a separate sheet of paper that explains how you became interested in the specialty or specialties you have chosen. Remember to sign your name and include the date.

Include in your statement

1. A list of scientific papers (published or in preparation)
2. Memberships in honorary, scientific, and professional societies
3. Military status and any military experience that can be used for credit toward specialty board certification requirements
4. Information about time gaps from the date of conferral of medical degree to present
5. Health information or other particulars that you may wish to discuss with the director of the residency or fellowship program of your interest

Interviews

Personal interview date(s) preferences

1. _____ 2. _____ 3. _____

Always phone the office of the program director before your arrival in Chicago to confirm any interview date and to assure that your application is complete. You may be asked to bring a photograph.

Letters of Recommendation Requested *Include full name and address of institutions.*

Medical school dean

1. _____
Faculty member
2. _____
Faculty member
3. _____
Faculty member
4. _____

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

U.S./Canadian medical school graduates				Foreign medical school graduates		
USMLE dates taken and scores	Step 1	Step 2	Step 3	USMLE dates taken and scores (minimum: 80)		
				Step 1	Step 2	Step 3
Your NBME board no.				FMGEMS no.		
Dates taken and scores	Part I	Part II	Part III	FMGEMS exam date and score (minimum: 80)		
FLEX	Location	Date	Score	Basic science	Clinical science	English
Are you participating in the NRMP Match?				TOEFL date and score		CSA date
						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Licensure (temporary permit; full/complete)				FLEX	Location	Date Score
State	Number	Date granted	Type	Expiration date	Current visa status: Entry date Expiration date	
State	Number	Date granted	Type	Expiration date	Type of visa	Visa no.

Have you ever been convicted of a felony? _____ If yes, please explain on a separate sheet of paper.

The information I have given in this application is current and complete to the best of my knowledge.

Signature _____ Date _____