

## BAYLOR COLLEGE OF MEDICINE HOUSE STAFF APPLICATION

Optionally, provide a small passport style photograph in this space.

application for house staff a	ppointment (specialty)	Level of training applied for:	Beginning (MO) (DAY) (YEAR):			
			l			
Last Firs	st Middle	Present Address				
E-mail Address		Telephone (Hospital/School)	Social Security Number			
Celephone (Home)		Name and address of someone always able to contact you				
Permanent home address		Citizenship	If non-citizen, date of entry into U.S.			
Birthdate (MO)(DAY)(YR)	Place of Birth	In non-citizen, type of Visa held (Exchange Visitor, Immigrant, etc.)				
EDUCATION:	Name		From	То		
High School	Name		From	То		
	Address					
College			From	То	Degree	
			From	То	Degree	
			From	То	Degree	
M.P. IGI. I	Name		110111			
Medical School	Name Address		1.10.11			
Medical School						

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Internship	Hospital		From	То	Field		
	<u> </u>		City and	City and State			
	Hospital		From	То	Field		
<b>~</b> .,			City and	State			
Residency	Hospital		From	То	Field		
			City and	and State			
	Hospital		From	То	Field		
Fellowship			City and	ty and State			
Graduate	College(s)		From	То	Degree		
School	Field(s)						
PROFESSIONA	L GOALS A	ND CAREER PLANS (Omit if included in	CV or Personal St	tatement)			
	T	Cert	ified		Date of Certification		
~ n	Specialty	O: Elig					
U.S. Board Certification		Eng	ible				
		(circle	rible e one)				
or Engionity		Cert	e one) ified		Date of Certification		
or Eligibility		Cert.	e one) ified r		Date of Certification		
or Enginenty		Cert o Elig	e one) ified		Date of Certification		
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	Specialty	Cert o Elig (circle	e one) ified r gible e one)		Date of Certification  Year Issued		
MEDICAL LICI	Specialty	Cert o Elig (circle State	e one) ified r gible e one)				
	Specialty	Cert. O: Elig (circle  State State	e one) ified r gible e one)		Year Issued		
	Specialty	Cert.  O: Elig (circle  State  State	e one) ified r gible e one)	From	Year Issued		
MEDICAL LICI	Specialty  ENSURE:	Cert. O: Elig (circle  State State	e one) ified r gible e one)		Year Issued		
	Specialty  ENSURE:	Cert.  O: Elig (circle  State  State	e one) ified r gible e one)	From	Year Issued		
MEDICAL LICI	Specialty  ENSURE:	Cert  O Elig (circle  State  State  College  Department	e one) ified r gible e one)	From	Year IssuedYear Issued		

	Location		From	То			
	T						
Practice or Other	Type						
Clinical Experiences	Location		From	То			
C 2P 0 20.00							
	Туре						
PUBLICATIONS:	If applicable, please list publications on a separate sheet.						
TRANSCRIPT: Please request the Registar of your Medical College to send a transcript directly to the address							
	at the top of the first page.						
REFERENCES:	Please list four references, of whom one must be the Dean of Students at your Medical College and						
	three must be physicians who can render an evaluation of your professional and academic abilities.						
	Please ask that your recommenders comment on academic and personal attributes such as judgment, industry, interpersonal relationships, capacity to assume responsibility and professional ethics.						
	Please have these recommendations sent directly to the address at the top of the first page.						
Dean of Students		Address					
Other Recommenders		Address					
I certify that to the best o	f my knowledge the above i	nformation is accurate and c	orrect				
Date		Signature					
Date		Signature					