

EDUCATION AND EXPERIENCE (continued)

USMLE Scores: Step I _____ Step II _____ Step III _____

List any additional pertinent medical experience including type, location and date:

Please list any additional licensure or certification, including board certification, that you presently have:

Do you currently, or have you ever, had an unrestricted license to practice medicine in any jurisdiction of the United States? Yes No

If yes, please indicate the state and license type:

List all honors, academic achievements, and scientific/medical memberships:

Are you presently authorized to work in the United States, for any employer, in a full-time capacity: Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain:

The information provided on this application is true and complete to the best of my knowledge:

Signature:

Date:

The Washington Hospital Center participates in the National Resident Matching Program, and abides by the rules and regulations of that program for the selection and appointment of house officers.

A completed application will contain all of the following:

- Application Form completed in its entirety
- Personal Statement
- Official Medical School Transcripts
- Three Letters of Recommendation
- Dean's Letter
- USMLE Scores
- Curriculum Vitae
- ECFMG Certificate *(if applicable)*

Completed Applications should be forwarded to: Office of Graduate Medical Education
Washington Hospital Center
110 Irving Street, NW, Rm 6A-126
Washington DC 20010-2975

PERSONAL STATEMENT

An application is a routine means of presenting yourself as a person to our staff. Language is a tool you will need to use extensively during your postgraduate experience. Here we offer you an opportunity to use language not to "sell yourself," but to communicate with us.

Please tell us something about yourself, your ideas, your plans. There are no limits nor rules; you may use your own format and/or extra pages. Please include this personal statement with your completed application.