



BAYLOR COLLEGE OF MEDICINE

HOUSE STAFF APPLICATION

If applicable, are you registered with the National Residency Match Program? _____

Application for house staff appointment (specialty)	Level of training applied for:	Beginning (MO) (DAY) (YEAR):
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Last	First	Middle	Present Address		
Personal E-mail Address			Telephone (Home)	Telephone (cell)	
Permanent Home Address			Name, address & phone # of someone always able to contact you		
Social Security Number			Citizenship	If non-citizen, what type of Visa do you/will you hold?	
Birth date (MO/DAY/YEAR)	Place of Birth		Are you ECFMG certified? If so, what is your certificate number?		
Do you have any condition which might impair your participation in the program? If so please describe.			Have you ever been arrested? (domestic or international) If so please provide details on a separate page. <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION:

College	Name	From	To	Degree
	Address			
Medical School	Name	From	To	Degree
	Address			

Internship	Institution	From	To	Specialty
	City and State			
Residency	Institution	From	To	Specialty
	City and State			
	Institution	From	To	Specialty
	City and State			

Fellowship	Institution	From	To	Specialty
	City and State			
Graduate School	College(s)	From	To	Degree
	Field(s)			

U.S. Board Certification or Eligibility	Specialty	Certified or Eligible	Date of Certification
	Specialty	Certified or Eligible	Date of Certification

MEDICAL LICENSURE(S): State _____ Year Issued _____
State _____ Year Issued _____

Faculty Appointments	College	From	To
	Department	Rank	
	College	From	To
	Department	Rank	

Practice or Other Clinical Experiences	Location	From	To
	Type		
	Location	From	To
	Type		

I certify that to the best of my knowledge the above information is accurate and correct.

Date _____ Signature _____