

GRADUATE MEDICAL EDUCATION

Application Instructions

Preparation of Application

On page 1 of this application, indicate the residency or fellowship programs to which you are applying.

A complete application includes

- The original, completed application form
- Curriculum vitae or personal statement
- Official medical school transcript
- Official dean's letter
- Letters of recommendation from three faculty members in your specialty interest area(s) who are familiar with your clerkship experience
- Photocopies of original examination results with dates
- Photocopies of visa/citizenship papers, if applicable
- Additional letters or materials as requested in the program description

Each supporting document must indicate your full name, Social Security number, and program(s). Request that the dean's office and faculty members submitting letters of recommendation include this information to ensure proper processing of your application.

Interview Scheduling

Interviews are conducted by appointment only and are arranged through the specific program office. Applicants should read the program description sheet or consult directly with the specific program office to arrange an interview.

Selection of Residents

PGY I positions are offered through the NRMP Match. See the NRMP Web site, www.nrmp.org, for full information. Results are announced mid-March for July 1 appointments.

Additional Documentation

Applicants with postgraduate medical experience elsewhere must provide verification from the program director or supervisor. Documentation of PGY levels and actual months/years of credits fully granted to the applicant must be sent to the McGaw Medical Center residency program director before any interview, as required by affiliation agreements and residency review committees of all accredited specialties.

Applicants with medical practice experience must provide letters of reference from the practice community.

"Early" U.S. graduates may apply throughout the year, as may applicants for PGY upper-level positions and fellowships.

International Medical Graduates

All foreign medical graduates must be certified by ECFMG before entering a training program. Refer to the ECFMG Web site, www.ecfm.org, for information about eligibility for the examination, fees, application, scheduling, and preparation. Applicants must submit documentation with an English translation so the credentials can be evaluated before interviews are scheduled.

Photocopies of all examination results, letter/score results, and visa/citizenship papers must bear official seals and include dates and certificate numbers. If the applicant has a current visa, the status must include entry and expiration dates.

State of Illinois Medical Licensure

Each entering resident/fellow must obtain an appropriate Illinois Medical License before the starting date of the appointment. The Office of Graduate Medical Education will assist in this process. *No resident/fellow will be permitted to begin clinical training until properly licensed.*

Temporary Illinois medical licenses are issued for three years and may be renewed for longer residencies on the approval of the State Medical Licensing Board. Residents who apply for permanent licensure must have completed 24 months of residency in the United States or Canada. Graduates of foreign medical schools must have an ECFMG certificate to qualify for an Illinois temporary or permanent medical license.

For More Information

Call the Office of Graduate Medical Education at 312/503-7975 or visit www.med.northwestern.edu/gme/ and gme.northwestern.edu/.

Return of Application

Mail the completed application forms and supporting documents to the specific program(s) to which you are applying or to

McGaw Medical Center of Northwestern University
Sharon L. Dooley, MD, MPH, Associate Dean
Graduate Medical Education
645 North Michigan Avenue, Suite 1058-A
Chicago, Illinois 60611-0402

Detach here before mailing application.

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.	
E-mail address				Cell phone ()	
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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Program

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

Residency

Specialty
Fellowship

Subspecialty

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

Residency

Specialty
Fellowship

Subspecialty

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

Residency

Specialty
Fellowship

Subspecialty

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 to confirm any interview date and 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/international medical school graduates				International medical graduates only	
USMLE	Step 1	Step 2	Step 3	ECFMG	
Score	_____	_____	_____	Certificate date _____	No. _____
Date taken	_____	_____	_____	TOEFL	
				Date _____	Score _____
NRMP Match	Are you participating? <input type="checkbox"/> Yes <input type="checkbox"/> No			CSA	
				Date _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Licensure	State _____ <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent			Visa	
No. _____	Date granted _____	Expiration date _____		Current status _____	Type _____ No. _____
State _____	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent			Entry date _____	Expiration date _____
No. _____	Date granted _____	Expiration date _____			

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 _____