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):

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.	

EDUCATION:

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

	Institution	From	To	Specialty
Internship				
		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 _____