

Do you have any commitment for military or National Health Service Corps.? (Please explain)

Education: (Please indicate degrees to be granted on any non-degree work)

Degree (A.B., B.S., etc)	University or College	Month/Year
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Degree (A.B., B.S., etc)	University or College	Month/Year
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Other Degree	University or College	Month/Year
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Certifying Board Examinations:

Examining Board	Month/Year	Score (Pass, Fail, or numerical score if applicable)
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Examining Board	Month/Year	Score (Pass, Fail, or numerical score if applicable)
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Examining Board	Month/Year	Score (Pass, Fail, or numerical score if applicable)
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Hospital and Clinical Experience, If any:

Position	Hospital	City	Date(s)
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Position	Hospital	City	Date(s)
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Have you ever been disciplined by, dismissed from, or not reappointed to a previous residency fellowship program? Yes _____ No _____ If so, provide details on separated sheet.

Can you come for a personal interview? _____

A personal interview is not a requirement but is strongly recommended and may be arranged once the application is complete. A completed application includes this application form, three supporting letters of reference, and a brief paragraph about your professional plans and goals for the future. Please list three persons (medical) whom you wish to use as references.

Publications (Please attach C.V. or list below)

Please attach a one page statement about your professional plans and goals for the future?

Signature _____ Date _____

The New York State Human Rights Law prohibits discrimination because of race, creed, color, national origin, age, sex, disability or marital status.