

**THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER**

**Director, Psychiatry Residency Programs**

2150 Pennsylvania Avenue, NW,

Washington, DC 20037

202-994-2956

Each applicant must answer all questions

Date of Application \_\_\_\_\_

PHOTOGRAPH  
( Required)

Approx.  
2.5 " x 3'

1. APPLICATION FOR:

a. RESIDENCY in \_\_\_\_\_ to begin \_\_\_\_\_  
(Name of department in which you seek appointment)

b. Specialty Program  
Within that Residency \_\_\_\_\_ to begin \_\_\_\_\_

c. FELLOWSHIP in \_\_\_\_\_ to begin \_\_\_\_\_  
(Name of department in which you seek appointment)

d. Level of training for which you are applying for in program, 1st yr.  2nd yr.  3rd yr.  other

2. Name in full \_\_\_\_\_  
Last (Family) First Middle Social Security Number

3. Address (mailing) \_\_\_\_\_  
Street No. City State Zip Phone

4. Address (permanent) \_\_\_\_\_  
Street No. City State Zip Phone

5. Date of birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_

6. If foreign citizen, type of visa \_\_\_\_\_ visa number \_\_\_\_\_

7. Sex \_\_\_\_\_ Next of kin \_\_\_\_\_  
Name Relationship

Address

8. Do you have or have you ever had a serious illness? \_\_\_\_\_ If yes, please describe on separate attachment.

Statement of Health (check one)

\_\_\_\_\_ I am in good health and have no physical or mental limitations.

\_\_\_\_\_ My health is such that I have limitations, but I believe that this would not significantly impair my fulfilling the responsibilities of a house officer.

9. If you are a graduate of a foreign medical school: Have you passed the ECFMG examination? Yes  No

Have you passed the VQE (Visa Qualifying Examination)? Yes  No

ECFMG Certificate No. \_\_\_\_\_ Interim  Standard  (A copy of ECFMG certificate and score report must be attached)

**EDUCATIONAL BACKGROUND**

10. a. College \_\_\_\_\_ 19\_\_\_\_ to 19\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_ 19\_\_\_\_ to 19\_\_\_\_ Degree \_\_\_\_\_

b. Medical School \_\_\_\_\_ 19\_\_\_\_ to 19\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_ 19\_\_\_\_ to 19\_\_\_\_ Degree \_\_\_\_\_

(1) Approximate class standing \_\_\_\_\_

(2) Honors and awards \_\_\_\_\_

c. AMA-approved first-year Residency (Internship): Type \_\_\_\_\_

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
Name of Hospital City State or Country Month Month

Type \_\_\_\_\_

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
Name of Hospital City State or Country Month Month

