

CLINICAL FELLOWSHIP APPLICANT INFORMATION FORM FOR GRADUATES OF NON-LCME ACCREDITED SCHOOLS

Please complete this form and submit it via the Electronic Residency Application Service as a "letter of recommendation".

Name: _____

Medical School: _____
(Name and Location)

Doctoral Degree: _____ Year of Degree _____ Were you in a 5th Pathway Program? Yes ___ No ___

CITIZENSHIP: U.S. _____ Other Country _____
(Indicate)

VISA STATUS: Permanent Resident _____ (submit copy of resident alien card)
J1 ECFMG Sponsored _____
J1 Other Sponsor _____ Indicate sponsor _____
H-1B _____
Other (list) _____

PROVIDE ALL INFORMATION IF YOU HAVE TAKEN THE FOLLOWING EXAMINATIONS:

	Date	Score	
Visa Qualifying Examinations (VQE)	_____	_____	Passed Yes ___ No ___
ECFMG (taken prior to 7/84)	_____	_____	
FMGEMS (Foreign Medical Graduate Examination in the Medical Sciences)	Basic _____	_____	
	Clinical _____	_____	
USMLE (U.S. Medical Licensing Exam)	Step 1 _____	_____	
	Step 2 _____	_____	
Clinical Skills Assessment Exam	_____	_____	
FLEX (Federation Licensing Examination)	_____	_____	State _____
Other _____ (List)	_____	_____	

POSTDOCTORAL EXPERIENCE

(List all types of experience: clinical, research, practice, etc. since receiving doctoral degree)

In countries OTHER than U.S.:

1.	_____	_____	_____	_____
	Hospital/Program	Location	Period	Experience
2.	_____	_____	_____	_____
	Hospital/Program	Location	Period	Experience
3.	_____	_____	_____	_____
	Hospital/Program	Location	Period	Experience
4.	_____	_____	_____	_____
	Hospital/Program	Location	Period	Experience

POSTDOCTORAL EXPERIENCE CONTINUED:

In U.S. medical institutions other than Johns Hopkins:

1. _____
Hospital/Program _____ Location _____ Period _____ Experience _____
Was this training under the auspices of a full-time medical school faculty _____ or a part-time medical school faculty _____?
2. _____
Hospital/Program _____ Location _____ Period _____ Experience _____
Was this training under the auspices of a full-time medical school faculty _____ or a part-time medical school faculty _____?
3. _____
Hospital/Program _____ Location _____ Period _____ Experience _____
Was this training under the auspices of a full-time medical school faculty _____ or a part-time medical school faculty _____?
4. _____
Hospital/Program _____ Location _____ Period _____ Experience _____
Was this training under the auspices of a full-time medical school faculty _____ or a part-time medical school faculty _____?

Previous Johns Hopkins training:

1. Program _____
Preceptor _____ Period _____
At JHH/JHU _____ or Affiliated Hospital _____
(List)
2. Program _____
Preceptor _____ Period _____
At JHH/JHU _____ or Affiliated Hospital _____
(List)
3. Program _____
Preceptor _____ Period _____
At JHH/JHU _____ or Affiliated Hospital _____
(List)
4. Program _____
Preceptor _____ Period _____
At JHH/JHU _____ or Affiliated Hospital _____
(List)

To the best of my knowledge, the above information is correct and complete.

Signature of Applicant _____

Date _____