

The Tufts Medical Center hospitals undertake to comply fully with all applicable federal, state and local laws relative to equal opportunity and affirmative action.

This hospital is an equal opportunity affirmative action employer and does not discriminate because of race, creed, color, sex, marital status, national origin, age, handicap or veterans status.

APPLICATION FOR INTERNSHIPS, RESIDENCIES, AND FELLOWSHIPS

Please Print or Type:

State service, dates and position for which you are applying:					OMP No.
Name (last)	(First)	(middle)	Date of Application	Social Security No.	Telephone No.
Address: (Home)					
(mailing)				Email:	
Are you a U.S. Citizen? If No, what type of VISA do you have? (check below)					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Immigrant <input type="checkbox"/> J-1 (Exchange Visitor) <input type="checkbox"/> Other (Specify)					
MASSACHUSETTS MEDICAL LICENSE					
Mass. Permanent License No.	Date Issued or Renewed	Mass. Limited Registration No.	Date Issued	DEA No.	
EDUCATION					
Preparatory School	College	Yr. Grad.	Degree	Honors	
Medical, Dental or Graduate School		Yr. Grad.	Honors		
INTERNSHIP					
Hospital	Type of Service		Dates from to		
RESIDENCIES (Attach additional sheet if necessary)					
Hospital	Type of Service		Dates from to		
OTHER POSTGRADUATE TRAINING AND REMARKS (Fellowships, if any)					
Hospital	Type of Service		Dates from to		
	Type of service				
PUBLICATIONS (Attach additional sheet if necessary)					
REFERENCES					
(3) Former chiefs in the case of residents, otherwise professors and deans. Please submit (Full Name and Address)					
SIGNATURE OF APPLICANT					
FOR FOREIGN MEDICAL GRADUATES ONLY					
Have you passed the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, have you passed the ECFMG Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you passed the VQE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO NOT WRITE BELOW THIS LINE					
Position			Starting Date		
Appointed by (Signature)			Date		