Preparation of Application
On page 1 of this application, indicate the program to which you are applying.

A complete application includes:
- The original, completed application form;
- Curriculum vitae;
- Letters of recommendation from three individuals in your specialty; should include a current or previous program director. The letters must be sent directly from the individuals to the program director;
- Photocopies of original USMLE examination results; and
- Photocopies of visa/citizenship papers, if applicable.

Additional Documentation
Applicants with prior postgraduate medical experience elsewhere must provide verification from the institution where training occurred. Documentation of PGY levels and actual months/years of credits fully granted to the applicant must be sent to the program director.

Applicants with medical practice experience must provide letters of reference from the practice community.

Interview Scheduling
Interviews are arranged through the specific program office.

International Medical Graduates
All international medical graduates must be certified by ECFMG before entering a training program. Refer to the ECFMG website, www.ecfmg.org, for information about eligibility for the examination, fees, application, scheduling, and preparation. Applicants must submit documentation with an English translation so the credentials can be evaluated.

Photocopies of all examination results, letter/score results, and visa/citizenship papers must bear official seals and include dates and certificate numbers. If the applicant has a current visa, the status must include entry and expiration dates.

State of Illinois Medical Licensure
Each entering resident/fellow must obtain an appropriate Illinois medical license before the starting dates of the appointment.
http://www.idfpr.com/Apps/NewApplications.asp
The office of Graduate Medical Education will assist in this process if the applicant is applying for a temporary (training) license. Application for a permanent license is the responsibility of the applicant. No resident/fellow will be permitted to begin clinical training until properly licensed.

Temporary Illinois medical licenses are issued for three years and may be renewed for longer programs on the approval of the State Medical Licensing Board. Residents who apply for permanent licensure must have completed 24 months of residency in the United States or Canada. Graduates of foreign medical schools must have an ECFMG certificate to qualify for an Illinois temporary or permanent medical license.

For More Information
Call the office of Graduate Medical Education at (312) 503-7975 or visit http://mcgaw.northwestern.edu

Return of Application
Mail the completed application forms and supporting documents to the specific program(s) to which you are applying.

Applicants are strongly encouraged to review McGaw policies and procedures on the McGaw website as well as the McGaw Housestaff Training Agreement http://mcgaw.northwestern.edu/current-housestaff.

*(This application is solely for the use of applicants to programs not participating in a national match such as NRMP.)
McGaw Medical Center of Northwestern University
Office of Graduate Medical Education
Application for Admission

Note: Photocopy the completed application for your files. Please notify the Graduate Medical Education office (312/503-7975) and the program office of any change in your address or phone number.

<table>
<thead>
<tr>
<th>Date of application</th>
<th>Date program to begin</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY level at entry</td>
<td></td>
</tr>
</tbody>
</table>

### Personal Data

**Name:**
- Last
- First
- Middle
- Social Security no.

**Mailing Address:**
- Number and Street

**Mailing address and phone current until:**
- Month
- Day
- Year

**City**
- State
- Zip code

**Home phone**
- Cell phone
- Email address

**Permanent address:**
- c/o Name, Number and Street

**City**
- State
- Zip Code

**Date of Birth (required for state license application)**
- Citizenship

**International applicants, specify type of visa you hold**

### Matriculation Data

<table>
<thead>
<tr>
<th>Medical school</th>
<th>Location</th>
<th>Degree</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

### Program

- **McGaw Medical Center/Northwestern Memorial Hospital/VA Chicago Health Care System, Chicago, Illinois**
- Name of Program

- **McGaw Medical Center/Ann and Robert H. Lurie Children’s Hospital of Chicago, Illinois**
- Name of Program

- **McGaw Medical Center/Rehabilitation Institute of Chicago, Illinois**
- Name of Program
### Education (List all schools attended)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates attended</th>
<th>Degree conferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include full name and location</td>
<td>From (Mo./Yr.)</td>
<td>To (Mo./Yr.)</td>
</tr>
<tr>
<td>Undergraduate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate work (Other)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Graduate Medical Education (Include all current and previous graduate medical education)

<table>
<thead>
<tr>
<th>Postgraduate experience (resident or fellow)</th>
<th>Dates attended</th>
<th>Name of Program Director</th>
<th>Training complete Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>All current and previous postgraduate medical education must be verified by the institution at which training occurred</td>
<td>From (Mo./Yr.)</td>
<td>To (Mo./Yr.)</td>
<td></td>
</tr>
</tbody>
</table>

Name of program and institution

1)

Name of program and institution

(2)

Name of program and institution

(3)

Name of program and institution

(4)

During any prior graduate medical education, were you ever disciplined or placed on probation by licensing body, institution, or training program? Y/N

If so, please explain on a separate page to follow.

### Other Medical Experience (Include experience such as private practice, hospital and staff appointments, research and military)

<table>
<thead>
<tr>
<th>Type</th>
<th>Location</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Location</td>
<td>Dates</td>
</tr>
<tr>
<td>Type</td>
<td>Location</td>
<td>Dates</td>
</tr>
<tr>
<td>Type</td>
<td>Location</td>
<td>Dates</td>
</tr>
</tbody>
</table>
**Letters of Recommendation Requested**  (To be sent directly to the program)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Examinations Taken**  (Photocopies of original documents with scores and dates must accompany the application)

**U.S./Canadian/international medical school graduates**

<table>
<thead>
<tr>
<th>USMLE</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y/N</td>
<td>Y/N</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

**International medical graduates only**

<table>
<thead>
<tr>
<th>ECFMG Certificate</th>
<th>Date Issued</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Visa**

<table>
<thead>
<tr>
<th>Current Status</th>
<th>Type</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Licensure**

<table>
<thead>
<tr>
<th>State</th>
<th>Temporary No.</th>
<th>Permanent No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Issued:</td>
<td>Expiration Date</td>
</tr>
<tr>
<td></td>
<td>Permanent No.</td>
<td>Date Issued:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expiration Date</td>
</tr>
</tbody>
</table>

**Have you ever been convicted of a felony? Y/N**  If, yes please explain on a separate page to follow.

**Have you ever been convicted of a misdemeanor? Y/N**  If, yes please explain on a separate page to follow.

**The information I have given in this application is current and complete to the best of my knowledge.**

**Signature**

**Date**