

Application

St. Joseph Health Center, Medical Education Department

APPLICATION FOR Residency in _____ Program from _____ to _____

Name: _____
(Last) (First) (Middle)

Residence: _____ Phone: _____

Mailing Address: _____

Date of Birth: _____ Place of Birth: _____ Citizen: _____ Sex: _____

Marital Status: _____ Spouse's Name: _____ Dependants: _____

Social Security Number: _____ AOA Number: _____

Parent's Name, Address & Phone: _____

Medical School & Address: _____

Graduation Date: _____ Degree: _____ Dean: _____

Pre-Med College/University & Address: _____

Graduation Date: _____ Degree: _____ Dean: _____

Military Service: _____

Board Exams: Date taken & results

Part I: _____ Part II: _____

Part III: _____

Organizational Memberships (Scientific, Professional, Other):

Special Awards, Recognitions, Papers Published: _____

Names of 3 references : It is the applicant's responsibility to confirm that these references are sent to Med Ed)

1. _____

2. _____

3. _____

Please forward a copy of transcripts to Medical Education prior to your interview

Please attach a recent photo HERE

Signature _____ Date: _____

IMMUNITY FROM LIABILITY

By applying for appointment to the house staff (resident/intern) of St. Joseph Health Center, I hereby signify my willingness to appear for interviews with regard to my application. I authorize the hospital, its medical staff and representatives to consult with those listed as references and/or institutions with which I have been associated, who may have information bearing upon my professional competence, character and ethical qualifications.

I hereby release from liability all representatives of the hospital and its medical staff for acts performed in good faith and without malice, in connection to the evaluation of my application, credentials and qualifications.

I release from liability any and all individuals and organizations who provide, in good faith and without malice, information to the hospital or its medical staff concerning my professional competence, ethics, character and other qualifications for house staff appointment. I hereby consent to the release of said information.

Signature

Date

Witness

Date

This Immunity from Liability is to be completed by prospective intern/resident and returned with application.