



ST. JOSEPH'S MERCY OF MACOMB
POST-GRADUATE MEDICAL EDUCATION

2005 - 2006 APPLICATION FOR OSTEOPATHIC INTERNSHIP AND RESIDENCY

(Please Type or Print)

Applicant's Name Last First Middle

Have you ever worked or studied under a different name? If so, what name(s)?

Social Security Number AOA Number

Are you at least 18 years of age? YES NO

APPLICATION TYPE

- Internship, Traditional
Internship, Emergency Medicine Emphasis
Internship, Family Practice Track
Internship, Internal Medicine Track
Internship, Obstetrics & Gynecology Track
Residency, Emergency Medicine
Residency, Family Practice
Residency, Internal Medicine
Residency, Obstetrics & Gynecology

Attach wallet-size studio-quality photograph of applicant here (optional)

For Office Use Only:

- Completed application form
Personal statement
Curriculum Vitae
Dean's letter/report
Clerkship evaluations/Internship evaluations (three)
Medical school transcript
National Board scores

CONTACT INFORMATION

The information you provide will help us locate you when we need to speak with you or contact you by mail. Please provide accurate, current information. If any of the following contact information changes, please notify Medical Education.

Permanent Street Address

Telephone Number at Permanent Address (including area code)

City

Telephone Number at Present Address (including area code)

State & Zip Code

Pager

E-mail Address

FAX Number (including area code)

LIST ALL FORMAL EDUCATION (HIGH SCHOOL, COLLEGE, POST-GRADUATE) OTHER THAN MEDICAL SCHOOL	CITY AND STATE	ATTENDANCE DATES, GRADUATION DATE, DEGREE, MAJOR OR FIELD OF STUDY

LIST OSTEOPATHIC MEDICAL SCHOOL(S) TRAINING	ATTENDANCE DATES, GRADUATION DATE, DEGREES

PLANNED & COMPLETED CLERKSHIP ROTATIONS: LIST BY SPECIALTY, SITE, MONTH, YEAR; CAN USE SEPARATE SHEET (INTERNSHIP APPLICANTS ONLY)	

INTERNSHIP PROGRAM ATTENDED (RESIDENCY APPLICANTS ONLY)	COMPLETION DATE

National Boards exams passed: PART I PART II PART III

Do you have any Public Health Service obligations? YES NO

Have you ever been convicted of a crime? If yes, please attach explanation. YES NO

Are any felony charges currently pending against you? If yes, please attach explanation. YES NO

Academic and other honors (give details and dates):

Research and/or teaching experience or interests:

Describe community service participation:

Type of community in which you wish to practice: RURAL URBAN SUBURBAN

Primary Care (office-based ambulatory) Specialty: _____

Other Specialty : _____

Teaching

Research

Active PALS, BLS, and ACLS Certification are a requirement for internship and residency. ATTACH COPY OF ALL CURRENT CERTIFICATION CARDS.

BCLS certified? YES NO If yes, what is expiration date? _____

ACLS certified? YES NO If yes, what is expiration date? _____

PALS certified? YES NO If yes, what is expiration date? _____

Certified instructor? YES NO If yes, what is expiration date? _____

REFERENCES (These should be physicians acquainted with your clinical skills and conduct. Do not include your Dean, Director of Medical Education or family members in this section of the application. You may include physicians with whom you have served clerkship or internship rotations.)

NAME, STREET ADDRESS, CITY, STATE, ZIP

1

NAME, STREET ADDRESS, CITY, STATE, ZIP

2

NAME, STREET ADDRESS, CITY, STATE, ZIP

3

NAME, STREET ADDRESS, CITY, STATE, ZIP

4

AUTHORIZATION FOR RELEASE OF INFORMATION (TO BE COMPLETED BY APPLICANT)

By applying for appointment to the House Staff of St. Joseph Mercy of Macomb, I authorize St. Joseph's to consult with members of the medical staffs of other hospitals with which I have been associated and with others who may have information bearing on my competency, character, and ethical qualifications. I furthermore consent to SJMM's inspection of all records and documents that may be material to an evaluation of my professional qualifications, competency, and moral and ethical qualifications for appointment. I furthermore release from any liability all representatives of the hospitals and their medical staffs for their acts performed in good faith and without malice in connection with evaluating my application and my credentials. I release from liability individuals and organizations who provide information to SJMM in good faith and without malice concerning my competence, ethics, character, and other

qualifications for House Staff appointment, including otherwise-privileged or confidential information. I also release from any liability all representatives of SJMM for their acts performed in good faith and without malice in providing information to other institutions where I may apply for training or privileges concerning my competence, ethics, character, and other qualifications.

All statements herein are true and I understand that any false statements made by me in this application, if discovered after employment, may result in dismissal from the program.

I understand that if I am employed by SJMM, I will be employed on an indefinite basis and that my employment is subject to termination at any time, with or without notice.

Printed Name of Applicant

Signature of Applicant

Date

Signature of Witness

Date

INTERNSHIP APPLICANTS – YOUR COMPLETED APPLICATION SHOULD INCLUDE THE FOLLOWING:

- Completed application form
- Brief personal statement (approximately one page)
- Curriculum Vitae
- Dean's letter/report – Send the request for your Dean's letter to your medical school for completion. Provide them with an envelope addressed to St. Joseph's Mercy of Macomb Office of Medical Education (address below), for their use in responding to the request.
- Clerkship evaluations/letters (three) – Request your Dean's office to send copies of at least three completed clerkship evaluations with the Dean's letter to the Office of Medical Education.
- Medical school transcript – Request that your medical school send a copy of your medical school transcript to the Office of Medical Education.
- National Board scores- Request that your medical school send a copy of your National Board scores (percentile ranking) to the Office of Medical Education.
- All application materials must be mailed to St. Joseph's Mercy of Macomb Office of Medical Education at the address shown below.

RESIDENCY APPLICANTS – YOUR COMPLETED APPLICATION SHOULD INCLUDE THE FOLLOWING:

- Completed application form.
- Brief personal statement (approximately one page)
- Curriculum Vitae
- Director of Medical Education Letter – Request that your DME send a letter or evaluation form to St. Joseph's Mercy of Macomb Office of Medical Education (address below). Provide them with a pre-addressed envelope, for their use in responding to the request.
- Internship Rotation Evaluations (three) – Request that your DME send copies of three evaluations to St. Joseph's Mercy of Macomb Office of Medical Education.
- Medical School transcript – Request that your medical school send a copy of your medical school transcript (and a copy of your National Board scores) to St. Joseph's Mercy of Macomb Office of Medical Education.
- National Board scores (percentile ranking) – Request that your medical school send a copy of your National Board scores (and your medical school transcript) to the Medical Education Department.

All application materials must be mailed to St. Joseph's Mercy of Macomb Office of Medical Education at the address shown below.

Early application is strongly encouraged. It is the responsibility of all applicants to contact the Medical Education office to schedule an interview after the application is complete. Under certain circumstances, an interview may be scheduled prior to completion of an application. Please contact Medical Education with any questions.

**Medical Education Department
St. Joseph's Mercy of Macomb
15855 Nineteen Mile Road
Clinton Township, MI 48038
Telephone: (586) 263-2714
Facsimile: (586) 263-2614**