

McGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY

Office of Graduate Medical Education

*Application Instructions**

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.ecfm.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

Send the completed application form 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

<https://www.mcgaw.northwestern.edu/>.

**(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.		Date of application		Date program to begin		
		PGY level at entry		<input style="width: 40px; height: 25px;" type="text"/>		
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				Permanent phone		
City		State	Zip Code			
			Citizenship	International applicants, specify type of visa you hold		
Matriculation Data						
Medical school		Location		Degree	Month	Year
Program						
McGaw Medical Center/Northwestern Memorial Hospital/VA Chicago Health Care System, Chicago, Illinois						
<input style="width: 30px; height: 25px;" type="text"/>		Name of Program				
McGaw Medical Center/Ann and Robert H. Lurie Children's Hospital of Chicago, Illinois						
<input style="width: 30px; height: 25px;" type="text"/>		Name of Program				
McGaw Medical Center/Rehabilitation Institute of Chicago, Illinois						
<input style="width: 30px; height: 25px;" type="text"/>		Name of Program				

Education (List all schools attended)				
Institution	Dates attended		Degree conferred	
Include full name and location	From (Mo./Yr.)	To (Mo./Yr.)	Type	Date
Undergraduate				
Medical School				
Graduate work (Other)				
Graduate Medical Education (Include all current and previous graduate medical education)				
Postgraduate experience (resident or fellow)	Dates attended		Name of Program Director	Training complete Y/N
All current and previous postgraduate medical education must be verified by the institution at which training occurred	From (Mo./Yr.)	To (Mo./Yr.)		
Name of program and institution				
1)				
Name of program and institution				
(2)				
Name of program and institution				
(3)				
Name of program and institution				
(4)				
<p>During any prior graduate medical education, were you ever disciplined or placed on probation by licensing body, institution, or training program? Y/N</p> <p>If so, please explain on a separate page to follow.</p>				
Other Medical Experience (Include experience such as private practice, hospital and staff appointments, research and military)				
Type	Location		Dates	
Type	Location		Dates	
Type	Location		Dates	
Type	Location		Dates	

Letters of Recommendation Requested (To be sent directly to the program)			
Name	Title		Institution
Name	Title		Institution
Name	Title		Institution
Examinations Taken (Photocopies of original documents with scores and dates must accompany the application)			
U.S./Canadian/international medical school graduates			
USMLE	Step 1	Step 2	Step 3
First time pass ?	Y/N	Y/N	Y/N
International medical graduates only			
ECFMG Certificate	Date Issued	No.	
Visa			
Current Status	Type	No.	
Issue date	Expiration date		
Licensure			
State	Temporary No.	Permanent No.	
	Date Issued:	Expiration Date	
State	Temporary No.	Permanent No.	
	Date Issued:	Expiration Date	
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