

**East Tennessee State University
James H. Quillen College of Medicine
Department of Family Medicine
Application for Nov. 29 – Dec. 1, 2011 IMG Institute**

1. Full Name: _____ Social Security # _____

2. Mailing Address: _____

3. Email Address: _____

DOB: ____ - ____ - ____ Gender: ____ M ____ F Marital Status: _____

Citizenship: _____ Country of Origin: _____

Current Visa Status: _____ Visa#: _____ Expiration: _____

Date of First US Entry: _____ INS Classification held on first Entry: _____

MEDICAL EDUCATION

Institution: _____ Location: _____

Degree: _____ Year: _____

ADDITIONAL POSTGRADUATE EDUCATION

Program _____ **Year(s) Attended:** _____

City, State/Province: _____

Country _____

UNITED STATES MEDICAL LICENSING EXAM (USMLE) STATUS

	Dates taken	Passed first attempt
Step 1	_____	yes _____ no _____
Step 2 Clinical Knowledge	_____	yes _____ no _____
Step 2 Clinical Skills	_____	yes _____ no _____
	Dates taken	Passed first attempt

Step 3

_____ **yes** _____ **no** _____

I certify that the information I have given is complete, true, and correct to the best of my knowledge.
I also affirm that I have not knowingly withheld any facts or circumstances in completing this data sheet.

Applicant's Signature: _____ Date: _____

Please provide a mail and e-mail address that **we can use between now and the IMG Institute** to send you educational materials that will better prepare you for program sessions.

Mail address _____ or same as # 2 above _____

e-mail address _____ or same as # 3 above _____

Return completed form by fax or just click the submit button below if you have internet connection.

Fax = 423-439-2440

Mail = Dept. Family Medicine, Box 70621, ETSU, Johnson City, TN 37614-1709

Revised: August, 2011

