

**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**

	<b>Dates taken</b>	<b>Passed first attempt</b>
<b>Step 1</b>	_____	yes _____ no _____
<b>Step 2 Clinical Knowledge</b>	_____	yes _____ no _____
<b>Step 2 Clinical Skills</b>	_____	yes _____ no _____
	<b>Dates taken</b>	<b>Passed first attempt</b>

**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.

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 \_\_\_\_\_

You may return completed form by fax = 423-439-2440 or  
Mail = Dept. Family Medicine, Box 70621, ETSU, Johnson City, TN 37614-1709  
Or just click the submit button below if you have internet connection

Revised: August, 2011

