

**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](http://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/renewals/apply/physician.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

Mail the completed application forms and supporting documents to the specific program(s) to which you are applying.

Applicants are strongly encouraged to review McGaw policies and procedures in the McGaw Housestaff Manual

<http://mcgaw.northwestern.edu/current-housestaff/housestaff-manual>

as well as the McGaw Housestaff Training Agreement

<http://mcgaw.northwestern.edu/current-housestaff>.

*\*(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**

<b>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.</b>	Date of application	Date program to begin
	PGY level at entry <input style="width: 40px; height: 20px;" 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			
Date of Birth (required for state license application)		Citizenship	International applicants, specify type of visa you hold		

**Matriculation Data**

Medical school	Location	Degree	Month	Year
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**Program**

McGaw Medical Center/Northwestern Memorial Hospital/VA Chicago Health Care System, Chicago, Illinois	
<input style="width: 30px; height: 20px;" type="checkbox"/>	Name of Program
McGaw Medical Center/Anne and Robert H. Lurie Children's Hospital of Chicago, Illinois	
<input style="width: 30px; height: 20px;" type="checkbox"/>	Name of Program
McGaw Medical Center/Rehabilitation Institute of Chicago, Illinois	
<input style="width: 30px; height: 20px;" type="checkbox"/>	Name of Program

**Education (List all schools attended)**

Institution Include full name and location	Dates attended		Degree conferred	
	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) All current and previous postgraduate medical education must be verified by the institution at which training occurred	Dates attended		Name of Program Director	Training complete Y/N
	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)				

During any prior graduate medical education, were you ever disciplined or placed on probation by licensing body, institution, or training program? Y/N

If so, please explain on a separate page to follow.

**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.

The information I have given in this application is current and complete to the best of my knowledge.

Signature	Date
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