



Externship Program Application

Applicant Information

Full Name: _____ Date: _____
Last First Middle name

Other names you have used: _____

Name you would like to be called: _____

Date of birth: _____ Place of Birth: _____ Gender: _____
MMDDYYYY M or F

Date of availability to start the Externship : _____ Visa Status: _____
MMDDYYYY

Mailing address in the USA:
(if any)

Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

NOTE: Email will be the method of communication between the IAU and the Applicant

Permanent Mailing Address: _____

References- Include the names and addresses of two physicians that can provide a reference (one from US)

Name _____ Email _____ Phone _____
Name _____ Email _____ Phone _____
City State ZIP Code

Education- List the name of each institution attended. Provide the address of the institution and the dates of attendance. Use a sheet of paper if needed.

- Name and address: _____
Name Address

Degree/certificate Dates attended
- Name and address: _____
Name Address

Degree/certificate Dates attended
- Name and address: _____
Name Address

Degree/certificate Dates attended
- Name and address: _____
Name Address

Degree/certificate Dates attended

USMLE Scores

- Step I: _____
Date Score
- Step II: _____
Date Score
- Step II CSA: _____
Date Score
- Step III: _____
Date Score

Postgraduate Experience: List the name and address of each program and/or experience attended regardless of whether the program was completed or credit was received

- Name and address: _____
Name Address

Degree/certificate Dates attended
- Name and address: _____
Street Address Apartment/Unit #

City Degree/certificate Dates attended

