

OFFICE OF ACADEMIC AFFAIRS
HOUSE STAFF INITIAL APPLICATION (Revised 9/2012)

PROGRAM NAME FOR WHICH YOU ARE APPLYING

Resident/Fellow Last name:		First:	Middle:
SS#:	Date of Birth: / /	Place of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Program Name:		Department Fund #:	
Country of Citizenship: <input type="checkbox"/> USA -or- <input type="checkbox"/> Other (please specify):		Work Authorization: Expiration Date: / /	Visa Status (specify type – J1 or H1B):
Present Address:	City:	State:	Zip:
Home Phone #: () -		Cell/Mobile #: () -	Email Address:
Present Address:	City:	State:	Zip:
Permanent Home Phone #: () -		Permanent Cell/Mobile #: () -	
Medical School:	Degree:	Graduation Date: / /	

ACADEMIC YEAR FOR WHICH YOU ARE APPLYING / /

TRAINING LEVEL: 1st year 2nd year 3rd year 4th year 5th year 6th year 7TH year

Facility: (check one) NSUH LIJ Glen Cove Forest Hills Southside Plainview Lenox Hill

*PGY1 positions are offered through the NRMP and are Categorical

UNIVERSITY EDUCATION

MEDICAL / DENTAL SCHOOL (S) (List exact name of all school attended, dates must include day, month and year)

Name:	Degree:	Date From: / /	To: / /
Address:	City:	State:	Zip:
Name:	Degree:	Date From: / /	To: / /
Address:	City:	State:	Zip:
Honors, Scholastic Achievement:			
UNDERGRADUATE/GRADUATE SCHOOL (S) (List exact name of school (s), dates must include day, month and year)			
Name:	Degree:	Date From: / /	To: / /
Address:	City:	State:	Zip:
Name:	Degree:	Date From: / /	To: / /

HOSPITAL EXPERIENCE (Please PRINT/TYPE exact name of institution and give complete addresses, you must include month and year of participation and PGY levels completed, please attach a chronological history detailing your academic and work history, all time gaps must be explained)

1-Hospital		Program	
Address:	City:	State:	Zip:
Position:	PGY Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Date(s) From: ___ / ___ / ___ To: ___ / ___ / ___	
Address:	City:	State:	Zip:
Honors, Scholastic Achievement:			

2-Hospital		Program	
Address:	City:	State:	Zip:
Position:	PGY Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Date(s) From: ___ / ___ / ___ To: ___ / ___ / ___	
Address:	City:	State:	Zip:
3- Hospital		Program	
Address:	City:	State:	Zip:
Position:	PGY Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Date(s)From: ___ / ___ / ___ To: ___ / ___ / ___	

OTHER EMPLOYMENT:

1-Name of Institution:		Job Title	
Address:	City:	State:	Zip:
Date of employment: Date(s) From: ___ / ___ / ___ To: ___ / ___ / ___			
Did you leave in good standing? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
If No please explain			
2-Name of Institution		Job Title	
Address:	City:	State:	Zip:
Date of employment: Date(s) From: ___ / ___ / ___ To: ___ / ___ / ___			
Did you leave in good standing? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
If No please explain			

3-Name of Institution		Job Title	
Address:	City:	State:	Zip:
Date of employment: Date(s) From: ___ / ___ / ___ To: ___ / ___ / ___ Did you leave in good standing? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No please explain			

EXAMINATIONS / LICENSURE

USMLE	Dates ___ / ___ / ___	S core/Parts I IICK ICS
ECFMG	Cert #:	Expiration date: ___ / ___ / ___
FMGEMS	Dates ___ / ___ / ___	Score / Parts I II III
Other		
State Licensure	Dates ___ / ___ / ___	Number
State Licensure	Dates ___ / ___ / ___	Number

PUBLICATIONS / RESEARCH EXPERIENCE

SPECIALTY INTEREST / INTEREST IN NORTH SHORE-LONG ISLAND HEALTH SYSTEM. Please indicate how you learned about the NSLIJHS program and what your future interests may be.

LETTERS OF RECOMMENDATION / MAILING INSTRUCTIONS

You must complete this application in duplicate and forward one copy to the *Chairman of the Department or Training Program Director to which you are applying* at the North Shore-LIJ Health System. Submit the second copy to the Dean's Office at your school. YOUR DEAN'S LETTER, TRANSCRIPT AND ALL LETTERS OF RECOMMENDATION MUST BE ADDRESSED TO THE CHAIRMAN OF THE DEPARTMENT OR TRAINING PROGRAM DIRECTOR TO WHICH YOU ARE APPLYING. If you wish, you may include a brief biographical sketch. (Applicants for Pediatrics, please see special instructions in Chairmen's letter.)

The policy of the Health System requires all prospective House Staff Officers undergo a toxicology screen prior to the commencement of their training. All offers for such training are conditional upon satisfactorily passing both the toxicology screen and a medical examination.

To the best of my knowledge, all of the above information is correct and true, and no such attempt has been made to conceal pertinent information. I authorize my former employers, schools and personal references to provide any information they may have regarding me, whether or not it is on their records. I hereby release them and their company and/or institutions from any and all liability for divulging same. I understand that if any information given by me in this application is false or misleading I will be subject to immediate dismissal, and I agree to hold the Health System and its agents blameless in that event.

_____/_____/_____
 Signature Date

North Shore-LIJ Health System is an equal opportunity employer. Federal, State and local laws prohibit discrimination based upon race, color, sex, national origin, age, religion, sexual preference or handicap.