



**ALLEGHENY GENERAL HOSPITAL**  
**320 East North Avenue**  
**Pittsburgh, Pennsylvania 15212-4772**  
**APPLICATION FOR APPOINTMENT TO**  
**GRADUATE TRAINING PROGRAM**

Attach a recent photograph here (Optional)

**APPOINTMENT DESIRED**

- PGY 1    PGY 2    PGY 3    PGY 4    PGY 5    PGY 6    PGY 7    FELLOWSHIP

**PROGRAM DESIRED**

*RESIDENCIES*

- Dentistry  
 Emergency Medicine  
 Internal Medicine - C  
 Internal Medicine - P  
 Int./Emerg. Medicine  
 Neurology  
 Neurosurgery  
 Obstetrics/Gynecology  
 Oral & Maxillofacial Surgery
- Orthopedic Surgery  
 Pathology  
 Psychiatry  
 Radiology (Diagnostic)  
 Radiation Oncology  
 Surgery - C  
 Surgery - P  
 Thoracic Surgery

*FELLOWSHIPS*

- Cardiology  
 Child/Adolescent Psychiatry  
 Cytopathology  
 Emergency Medicine/  
    Sports Medicine  
 Gastroenterology
- Hand Surgery  
 Interventional Cardiology  
 Nephrology  
 Neurophysiology  
 Neuroradiology  
 Pulmonary

Preferred Starting Date	Member NRMP <input type="checkbox"/> Yes <input type="checkbox"/> No	NRMP Match No.
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**PERSONAL**

Name (please print) (Last)   (First)   (Middle)	Social Security Number
Present Address (Street)	(City)   (State)   (Zip)
Present Phone Numbers Day   Evening	ECFMG Number ( <b>Attach Copy</b> )
Permanent Address (Name of person through whom I can always be contacted)	Permanent Phone Number
(Street)   (City)   (State)   (Zip)	

Citizenship    U.S.    Other (Specify) \_\_\_\_\_

Visa Status (if applicable)    Permanent (**Attach Copy Green Card**)    Temporary    J-1

Consistent with US immigration law, applicants to trainee positions must be presently authorized to work in the United States for any employer on a full-time basis. Are you presently legally authorized to work in the United States on a full-time basis for any employer without restriction?   Yes    No  (**Attach Visa documentation**)

If no, are you eligible to participate in the J-1 exchange visitor program sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG)?   Yes    No  (**Attach Visa documentation**)

(Please note we do not sponsor individuals for H-1B visas, except when required by the business necessity)

**UNIVERSITY EDUCATION**

*Undergraduate*  
School \_\_\_\_\_ Degree/Year of Graduation \_\_\_\_\_

*Other Advanced Degrees*  
School \_\_\_\_\_ Degree/Year of Graduation \_\_\_\_\_

*Medical or Dental*  
School \_\_\_\_\_ Degree/Year of Graduation \_\_\_\_\_

**GRADUATE EDUCATION**

	Hospital	Program	Dates
PGY 1	_____	_____	_____
PGY 2	_____	_____	_____
PGY 3	_____	_____	_____
PGY 4	_____	_____	_____

**INVESTIGATIVE WORK IN MEDICINE WITH TITLES AND PUBLICATIONS** (Attach list; if necessary.)

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**NON-SCHOLASTIC EXPERIENCE OF VALUE** (Include in an autobiographical sketch if you wish.)

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**PROFESSIONAL OBJECTIVES**

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What is your primary area of clinical interest?

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Extent of training desired

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Plans for practice (indicate if more than one)

- |                                     |   |  |                                    |
|-------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Industrial         | <input type="checkbox"/> Teaching      | <input type="checkbox"/> Military  |
| <input type="checkbox"/> Group      | <input type="checkbox"/> Other Governmental | <input type="checkbox"/> Public Health | <input type="checkbox"/> Undecided |
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**EXAMINATIONS AND LICENSURES**

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<input type="checkbox"/> U.S.M.L.E. ( <b>Attach Copy</b> )	Step I	Step II	Step III
<input type="checkbox"/> National Board Examinations ( <b>Attach Copy</b> )	Date Taken		Results
<input type="checkbox"/> F.L.E.X. ( <b>Attach Copy</b> )	Date Taken		Results
<input type="checkbox"/> American Board of Internal Medicine	Date Taken		Results
<b>LICENSE (Attach Copy)</b>	State	Number	Expiration Date

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1. Are you, or have you ever been, addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs? \_\_\_\_\_
  2. Have you ever been convicted of a crime (exclusive of parking and traffic violations) in the courts of this Commonwealth or any other state, territory, or country? \_\_\_\_\_
  3. Have you ever possessed a license to practice medicine and surgery or other professional license that was suspended, revoked or subjected to other disciplinary conditions? \_\_\_\_\_
  4. Have your provider privileges ever been restricted by the Drug Enforcement Administration, Medicare or any others? \_\_\_\_\_
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**REFERENCES**

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Applications for **PGY-1** must be supported by a letter from the Dean of your medical school. Letters from other teachers in relevant courses are helpful. Applications for **all other appointments** must be supported additionally by a letter from all Chiefs of Service under whom the applicant has trained.

All applicants are urged to present themselves for interview as scheduled.

Date

Signature

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**NOTE: PLEASE ATTACH ALL REQUIRED DOCUMENTS.**