

APPLICATION FOR RESIDENCY

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?

Yes or No

2) Have you possessed a license to practice medicine and surgery or other professional license that was suspended, revoked or subjected to other disciplinary conditions?

Yes or No

3) Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?

Yes or No

I fully understand that any significant misstatements in or omissions from this application constitutes cause for denial of appointment or cause for summary dismissal from the residency program. To the best of my knowledge and belief, all of the information submitted by me in this application is true and correct.

By applying for appointment to the residency program of Philadelphia College of Osteopathic Medicine, I hereby signify my willingness to appear for the interviews in regard to my application, authorize the college, its faculty and their representatives to consult with administrators and faculty of medical schools, hospitals or institutions who may have information bearing on my professional competence, character and ethical qualifications. I hereby release from liability all representatives of Philadelphia College of Osteopathic Medicine and its faculty for their acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications, and I hereby release from any liability any and all hospitals, medical associations, other groups or entities and any and all individuals who provide information to Philadelphia College of Osteopathic Medicine, or its faculty, in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for residency staff appointment and clinical privileges. In accordance herewith, I hereby consent to the release of such information.

I understand and agree that I, as an applicant for residency, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications.

Signature of Applicant

Date

Submit application form, two letters of recommendation, an official transcript of osteopathic education along with Board Scores, copy of Medical School Diploma, Internship Certificate and C.V. to:

**Please see list below
for the individual
Program Directors
name and address**

FOR MORE INFORMATION, CALL 215-871-6690 OR 1-800-PST-GRAD

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

PROGRAM DIRECTORS

Family Medicine

Michael Becker, D.O.
2701 Dekalb Pike
Norristown, PA 19401
610-278-2003

Ophthalmology

Kenneth Heist, D.O.
2301 S. 13th Street
Philadelphia, PA 19148
215-271-6900

General Surgery

Arthur Sesso, D.O.
4190 City Avenue
5th Floor
Philadelphia, PA 19131
215-871-6690

Orthopedic Surgery

John McPhilemy, D.O.
Two Bala Plaza, Suite IL-1
Bala Cynwyd, PA 19004
610-667-7712

Geriatrics Fellowship

Katherine Galluzzi, D.O.
4190 City Avenue, Suite 315
Philadelphia, PA 19131
215-871-6847

Otorhinolaryngology

Mahmoud Ghaderi, D.O.
Healthplex Medical Office Pavilion
196 W. Sproul Road, Suite 103
Springfield, PA 19064
610-328-4800

Internal Medicine

Michael Venditto, D.O.
4190 City Avenue, Suite 330
Philadelphia, PA 19131
215-871-6337

Plastic Surgery

Sherman Leis, D.O.
19 Montgomery Avenue
Bala Cynwyd, PA 19004
610-677-1888

Neurosurgery

Richard Kanoff, D.O.
1501 Lansdowne Avenue
Suite 308, Med Ofc Bldg
Darby, PA 19023
610-534-6142

Urologic Surgery

Phillip Ginsberg, D.O.
401 Old York Rd, Ste 500
Philadelphia, PA 19141
215-456-1177

Obstetrics and Gynecology

Saul Jeck, D.O.
4190 City Avenue, Suite 220
Philadelphia, PA 19131
215-871-6788

OMM

Alexander Nicholas, D.O.
4190 City Avenue, Suite 320
Philadelphia, PA 19131
215-871-6425