

# APPLICATION FOR RESIDENCY

Name \_\_\_\_\_ Year/Name of Residency Requested \_\_\_\_\_

Current Street Address \_\_\_\_\_

City ( ) State ( ) Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_ Alternate Telephone number \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_

AOA# \_\_\_\_\_

ATTACH  
PHOTO  
HERE  
(OPTIONAL)

Email Address \_\_\_\_\_

*Undergraduate Education:*

Name of Institution	Address	City/State/Zip	Degree	Dates
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*Osteopathic Education:*

Name of Medical School	Address	City/State/Zip	Degree	Dates
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*Internship:*

Name of Institution	Address	City/State/Zip	Dates
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*Residency:*

Name of Institution	Address	City/State/Zip	Program Name	Dates
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*Scholastic Honors, Publications, Memberships:*

*Extra-Curricular Activities:*

All applicants must be legally authorized to work in the United States.

PLEASE COMPLETE BOTH PAGES

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

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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?

\_\_\_\_\_  
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

*Return completed application to:*

Submission checklist:

Application form  
Two letters of recommendation (on institution or physician letterhead)  
Official transcript(s) of medical school education  
Official transcript(s) of all board scores  
Copies of diplomas from medical school, internship and residency  
Curriculum Vitae

PCOM ONMM Program  
attn: Mary Wilson  
4190 City Ave  
Suite 320  
Philadelphia, PA 19131

*Any questions:*  
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215-871-6482