Educational and Professional Background

This section is to be completed by **graduates only** and details your educational and practice experience, if applicable. Information covered includes training and graduate programs, practice experience and licensing.

* indicates required fields

*Name of Professional School [   ]

*School Address [   ]

*Degree Obtained [   ]   *Graduate Year [   ]

Have you completed a residency or graduate program?
(MD, DO, DDS, PedNP, PA, etc.) [▼]

Residency/Graduate Program Information Help

Year residency or program was/will be completed [   ]

Residency or Program Name [   ]

Specialty (for physicians only) [▼]   ☐ Board Certified   ☐ Board Eligible Help

Year re-certified (if applicable) [   ]   Sub-specialty (if applicable) [   ]

Practice Experience

If applicable, describe your practice experience over the last five years (Include location, nature of population served, number of specialties in the practice, hospital affiliations and allocation of clinical practice time to FP/GP, INT, OB/GYN, PED, PSYCH, ER).

[   ]

Last Work Site

For the last site at which you worked: Help

Name of Site Director or Official [   ]   Your Job Title [   ]

Address [   ]   Phone ([   ]) [   ]-[   ] ext: [   ]

Practice Time Allocation

Enter the current percent of your practice time that is office-based and hospital/clinic-based and/or spent in administration and teaching (numbers only).

Office-based [   ]% Clinic-based [   ]% Administration [   ]% Teaching [   ]%

Professional References (this information will be kept confidential)

Reference 1

Name [   ]   Position or Title [   ]

Address [   ]   Phone ([   ]) [   ]-[   ] ext: [   ]

Reference 2

Name [   ]   Position or Title [   ]

Address [   ]   Phone ([   ]) [   ]-[   ] ext: [   ]

Reference 3

Name [   ]   Position or Title [   ]

Address [   ]   Phone ([   ]) [   ]-[   ] ext: [   ]

☐ I certify that the information given in this application is accurate to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application; and if awarded a loan repayment, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be punished as a felony under US Code Title 18 Section 1001.

[Back]   [Continue]