



**4. Examination Scores:** *(Must provide copy of official results.)*

**USMLE:** Step I: \_\_\_\_\_ Step II (CK): \_\_\_\_\_ Step II (CS): \_\_\_\_\_ Step III: \_\_\_\_\_

**COMLEX:** Step I: \_\_\_\_\_ Step II (CE): \_\_\_\_\_ Step II (PE): \_\_\_\_\_ Step III: \_\_\_\_\_

**NBPME:** Step I: \_\_\_\_\_ Step II (CE): \_\_\_\_\_ Step II (CS): \_\_\_\_\_ Step III: \_\_\_\_\_

**5. Licensure:** \_\_\_\_\_  
State Number Type Expiration Date

**6. ECFMG:** *(Must provide a copy of ECFMG certificate.)*

**7. Visa Information:** *(H1-B not accepted)* J-1 or EAD: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (Copy Required)

**8. Citizenship:** *(Must provide a copy of passport or birth certificate.)*

**9. Please Answer the Following Questions:**

- A.** Have you ever been denied a license to practice medicine or eligibility to sit for a licensing exam in this state or any other state? .....  Yes  No
- B.** Have you ever been denied eligibility to participate in a graduate medical education program in this state or any other state? .....  Yes  No
- C.** Have you ever been asked to resign, or have you ever been discharged/terminated from a graduate medical education program? .....  Yes  No
- D.** Have you ever been convicted of a crime, offense, or misdemeanor in this state or any other state? .....  Yes  No
- E.** Are you now, or have you ever been the subject of a criminal proceeding in this state or any other state? .....  Yes  No
- F.** Have you ever had your privilege to participate in any state or federal medical assistance program (i.e. Medicare, Medicaid) curtailed or limited by any regulatory authority? .....  Yes  No
- G.** Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? If yes, please explain. ....  Yes  No

*(If you answered yes to any of the above questions, please attach a written detailed explanation.)*

**10. Must Provide Two Passport Size Photographs**

**11. Letters of Recommendation:** Three letters of recommendation are required. PGY-1 must include one letter from the Dean and two others. PGY-2 and higher must provide a letter from the program director and two others. Contact your program coordinator for any additional required documents.

**12. Transcripts/Diplomas:** Must provide official medical school transcript conferring date degree awarded and notarized copy of medical school diploma. Copy of Certificate of completion for all residency programs

**13. Curriculum Vitae:** Submit a CV to include a list of all activities chronologically, with the month and year of the start of medical education to the present. Include all periods of unemployment and/or gaps in training.

**14.** I understand that the information on this application is subject to verification by Cooper University Hospital. I hereby authorize Cooper to do so and I further authorize all institutions, individuals, hospitals, or organizations to release any information requested. I hereby release from liability and damages those institutions, individuals, hospitals, and organizations who provide such information. I certify that all information provided herein is true and correct. Falsification, misrepresentation, or omissions from this application will be cause for immediate termination.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed application, education documents, and letters of recommendation to:**

Program Coordinator; Department in which residency is requested.

