



APPLICATION FOR TRAINING
 BOTSFORD HOSPITAL
 28050 Grand River Avenue
 Farmington Hills, Michigan 48336-5933
 (248) 471-8224

PERSONAL DATA (Please print or type)

Last Name _____ First Name _____ S.S.# _____

Permanent Home Address _____

NUMBER STREET

_____ Phone (____) _____

CITY OR TOWN STATE ZIP CODE

Present Address _____

NUMBER STREET

_____ Phone (____) _____

CITY OR TOWN STATE ZIP CODE

E-mail Address _____

PRE-DOCTORAL OSTEOPATHIC EDUCATION

College of Osteopathic Medicine _____ Years Attended (Month/Year) _____

City, State _____

Graduation Date _____

TYPE OF TRAINING REQUESTED (Request one)

Residency From _____ To _____ Residency in: _____
MONTH/YEAR MONTH/YEAR

Subspecialty From _____ To _____ Residency in: _____
Residency MONTH/YEAR MONTH/YEAR

OTHER INFORMATION

Have there been any interruptions in the continuum of your pre-doctoral or post-doctoral education?

<u> </u> YES	<u> </u> NO	
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Are you a U.S. citizen?

<u> </u> YES	<u> </u> NO	
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Do you have military commitment upon graduation?

<u> </u> YES	<u> </u> NO
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Do you have a public health commitment?

<u> </u> YES	<u> </u> NO
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Are you BCLS certified?

<u> </u> YES	<u> </u> NO	
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Are you ACLS certified:

<u> </u> YES	<u> </u> NO	
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Are you a certified instructor?

<u> </u> YES	<u> </u> NO	
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Please list below any research experience you may have and papers you have written. Attach bibliography or abstracts of papers written or published.

SIGNATURE

DATE OF APPLICATION

REVIEWED BY MEDICAL EDUCATION
(SIGNATURE AND DATE)