

APPLICATION FOR RESIDENCY PROGRAM
COLON AND RECTAL SURGERY
GREATER BALTIMORE MEDICAL CENTER

Name _____

Present address _____

Birth Date _____ Place of Birth _____

Telephone: work () _____ Citizenship _____

home () _____

Education:

College _____

Address _____

Year _____ Degree _____

Medical School _____

Address _____

Year _____

Chronological review of professional activity (residencies, fellowships) since medical school. Please account for each year.

<u>Activity</u>	<u>Year(s)</u>
_____	_____
_____	_____
_____	_____

ABSITE Scores: PGY 3 _____ PGY 4 _____

Medical license: State _____ Year _____

Are you participating in the Colon and Rectal Surgery Specialty Match of the National Resident Matching Program?

Yes [] No []

Applicant code number _____

American Board of Surgery:

Eligible: Yes [] No [] Date of eligibility _____

Certified: Yes [] No [] Date of certification _____

Present Duties: _____

Educational goals and future career plans _____

Credentials check list to support application:

- Photostatic copy of medical school grades, diploma, and a letter from your medical school documenting your performance
- Photostatic copy of ECFMG certificate, if a foreign graduate
- Two letters of recommendation (one should be from your chief of service or director of your residency program)

Date _____ Signature _____

Address all correspondence to:

George Y. Apostolides, M.D.
6569 N. Charles Street, Suite 502
Baltimore, MD 21204

Attach recent photograph: