



TEXAS A&M COLLEGE OF MEDICINE – SCOTT & WHITE  
Graduate Medical Education



APPLICATION

(Please type or print in ink)

Date Submitted: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

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

APPLICATION FOR GRADUATE MEDICAL EDUCATION IN: \_\_\_\_\_  
(program)

Beginning in (year) \_\_\_\_\_ At Post-Graduate Year: 1 2 3 4 5

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRESENT TELEPHONE NUMBER(S) & E-MAIL ADDRESS

(please include area code)

HOME: \_\_\_\_\_ DAYTIME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MEDICAL SCHOOL(S): \_\_\_\_\_  
(Name) (City) (State)

MONTH/YEAR OF GRADUATION: \_\_\_\_\_

CLASS RANK: \_\_\_\_\_ Top 25% \_\_\_\_\_ Top 50% \_\_\_\_\_ Lower 50% \_\_\_\_\_ No Rank

HONORS/ADWARDS: \_\_\_\_\_

Will you participate in the National Residency Matching Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

NRMP Application Code (if Known): \_\_\_\_\_

Specify any other specialty match participation: \_\_\_\_\_ Number: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please indicate your status: \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary (specify: \_\_\_\_\_ J-1 \_\_\_\_\_ H-1)

**PERMANENT ADDRESS** *(person through whom you can always be contacted)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Permanent Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Indicate which examination listed below you will have **taken**, and/or have already **passed**, and the **date**:

USMLE, Step 1	_____	Date	_____	NBME, Part I	_____	Date	_____
USMLE, Step 2	_____	Date	_____	NBME, Part II	_____	Date	_____
USMLE, Step 3	_____	Date	_____	NBME, Part III	_____	Date	_____
Flex	_____	Date	_____	FMGEMS	_____	Date	_____

Do you currently hold a valid medical license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate: State(s) of licensure: \_\_\_\_\_ License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**UNDERGRADUATE EDUCATION**

UNDERGRADUATE COLLEGE(S)		DATE ATTENDED		DEGREE	MAJOR FIELD OF STUDY
NAME	CITY/STATE	FROM	TO		

**GRADUATE EDUCATION** *(include any other graduate medical education)*

UNDERGRADUATE COLLEGE(S)		DATE ATTENDED		DEGREE	MAJOR FIELD OF STUDY
NAME	CITY/STATE	FROM	TO		

Do you have any service obligations *(National Health Service Corps, Armed Forces Scholarship, state program's, etc.)* to fulfill?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please describe including number of years, dates of commitment: \_\_\_\_\_

**LETTERS OF REFERENCE**

In addition to the **Dean’s letter** and **transcript** from your medical school, your application must be supported by three (3) letters of reference from faculty members who know you well and are in a position to comment upon your suitability for the position you seek.

Letters of reference have been requested from the following individuals:

NAME AND TITLE	INSTITUTION	ADDRESS

1) Do you have any impairments, physical or mental, which would interfere with your ability to perform as a resident or fellow?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, Please explain (use additional page, if necessary). \_\_\_\_\_  
\_\_\_\_\_

2) Have you ever been a defendant in a medical liability suit? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, on a separate page, describe when, where, and the disposition of the litigation.

3) Have you ever been convicted of a felony or crime involving moral turpitude? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, on a separate page, describe when, where, and the disposition of the offense.

**PERSONAL STATEMENT**

Using the back of this application, or a separate sheet, if necessary, please provide a personal statement describing your professional interest, achievements, and reasons for choosing specialty of training, and plans for the future. Reference should be made to research experience and training, special projects or scientific work you have engaged in, and any notable professional accomplishments you have achieved. You may also wish to describe your personal interest, activities, and circumstances.

**SUMMARY OF ITEMS APPLICANT MUST PROVIDE:**

- Transcript from Medical School
- Dean’s letter
- Three (3) letters of reference from faculty of Medical School  
or residency/fellowship experience (if applicable) Attach recent photograph here
- Personal Statement (optional)
- Curriculum Vitae/Resume (optional)
- Record of other Graduate Medical experience, if applicable
- ECFMG Certificate (if foreign medical graduate)
- Recent Photograph (optional)

Admission to the Texas A&M College of Medicine-Scott & White Graduate Medical Education program is granted without regard to race, religion, sex, creed, or nation origin.

All new Scott & White employees, house staff, and senior medical staff are required to undergo a mandatory substance abuse test as a condition of employment.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL COMPLETED APPLICATION TO: TEXAS A&M COLLEGE OF MEDICINE-SCOTT & WHITE  
Graduate Medical Education  
2401 South 31<sup>st</sup> Street  
Temple, Texas 76508

For information or questions, please phone 1-800-299-4463