

OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES

OSTEOPATHIC NEUROMUSCULOSKELETAL MEDICINE 3
RESIDENCY APPLICATION

Personal Information:

Full Name: _____ Other Name/Nickname: _____

Gender: _____ Birth Date: _____ SSN: _____

AOA/AMA Number: _____ Birth Place: _____

Birth Place: _____ Country of Citizenship: _____

Contact Address:

Street Address: _____ City: _____ State: _____ Zip Code: _____

Country: _____ Contact Phone: _____ Alternate Phone: _____

Contact Email: _____

Home/Alternate Address:

Street Address _____ City _____ State _____ Zip Code _____

Country: _____ Contact Phone: _____ Alternate Phone: _____

Military Obligation:

Are you committed to fulfill a U.S. Military active duty service obligation (Y=Yes, N=No): _____

If YES, Years of Commitment: _____ Start Date (Month/Year): _____

Board Eligible/Board Certified (Circle)

Specialty: _____

Board Examination Date: _____

Has your Medical License ever been suspended/revoked/voluntarily terminated?

(Y=Yes, N=No): _____ If YES, please provide explanation separately.

Have you ever been named in a malpractice case? (Y=Yes, N=No): _____

If YES, please provide explanation separately.

Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges? (Y=Yes, N=No): _____

If YES, please provide explanation separately.

Have you ever been convicted of a felony? (Y=Yes, N=No): _____

If YES, please provide explanation:

2—OSU ONMM3 Residency Application

Examinations: For each examination you have taken, please provide the following information:

COMLEX I	COMLEX II	COMLEX III
Score:	Score:	Score:
Passed on:	Passed on:	Passed on:
Failed on	Failed on	Failed on
Awaiting results from	Awaiting results from	Awaiting results from
Will take on	Will take on	Will take on
Will retake on	Will retake on	Will retake on
USMLE I	USMLE II	USMLE III
Score:	Score:	Score:
Passed on	Passed on	Passed on
Failed on	Failed on	Failed on
Awaiting results from	Awaiting results from	Awaiting results from
Will take on	Will take on	Will take on
Will retake on	Will retake on	Will retake on

All Applicants

Are you able to carry out the responsibilities of a resident in Neuromusculoskeletal Medicine/ Osteopathic Manipulative Medicine for which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations?

(Y=Yes, N=No): _____

If NO, please provide explanation separately.

Please Attach:

- Curriculum vitae, which is to include:
 - Contact information
 - Education history (including undergraduate college(s), any graduate education, medical school(s), and residency(ies))
 - Please explain on separate sheet if the course of any of these programs were not completed
 - Work experience
 - Current state medical license
 - Past state licenses if different than current s
 - Board certifications or eligibility
 - Current or past hospital privileges
 - Certifications in ACLS, BLS, PALS, etc
 - CME courses and/or conferences attended
 - Research experience and publications
 - Awards and accomplishments
 - Leadership, volunteer, and extracurricular activities
 - Language fluency in addition to English
- Personal statement (to include personal strengths and reasons for interest in this residency)

Please Send:

- Three letters of recommendation (at least one from a D.O.), including a letter from a previous program director

3—OSU ONMM3 Residency Application

By submitting this form to a postdoctoral training program, I attest that the information I have provided on this form is true and accurate to the best of my knowledge. I understand that the post-doctoral training programs may seek proof or verification from me or third parties of the information provided on this form. I further understand and acknowledge that providing false information on this form is unethical and would constitute cause for my immediate termination from any training program that offers a position to me.

Signed

Date

Applications accepted beginning July 1
Interviews begin after September 1
Anticipated end of interviews January 15

Return Completed Application to:

Mark Thai, D.O.

OSU-CHS / OMM DEPARTMENT

1111 West 17th Street

Tulsa, OK 74107

mark.thai@okstate.edu