DATA SHEET
LSU SCHOOL OF MEDICINE – GME OFFICE

PLEASE PRINT LEGIBLY OR TYPE

(Check one):

Department: ____________________ House Officer Level _________ Residency or Fellowship
(Level you will be in July)

Training Program Name ____
(State Combined name if is combined Program & Fellowship name if fellowship)

Name: ____
(Last) ***(First)*** ***(Middle)***

Mailing Address: ____
(Street) ***(City)*** ***(State)*** ***(Zip)***

Telephone Number ____________________ Beeper Number ____________________

Social Security # ______________ NPI #: ______________ Citizenship: ______________

Date of Birth ______________ Place of Birth: ____________________

Sex: ___ Male ___ Female Marital Status: S M W D Spouse's Name: ____________________

Race: ***(Please check one)***
American Native _____ Asian or Pacific Islander _____ Hispanic ______ White ______ Black _______

List Person to Contact in case of Emergency: ________________________________

Relationship: ____________________ Telephone ____________________

This section MUST be completed or form will be returned

EDUCATION:

FMG (Foreign Medical Grad) **Y/N**_______

Medical School:______________________City,State:______________________

Dates Attended:______________________Degree Received:______________________

Dental School:______________________City,State______________________

Dates Attended:______________________Degree Received:______________________

FMGEM, ECFMG or NBMEE Number and Date: (please provide us with a copy of your ECFMG Certificate).

Number: ____________________ Date:____________________

LA Medical License #______________ License or Permit Expiration Date: ______________

if no License, What type of Permit? Intern PGY2 GETP Interim Temp
(Check one that applies above)

Signature: ____

Turn over and complete back of page.

Name: ____

A continuous and inclusive list of internships, residencies, fellowships, staff positions, leave of absences, etc must be provided from Medical School graduation through the current internship, residency or fellowship.

The first entry should be the program you will be training in as of July 1.

Beginning Date **(Month/Day/Year):** ____________________________________

Expected End Date **(Month/Day/Year):** ____________________________________

Program: ____

Facility: ____

City and State: ____

Beginning Date **(Month/Day/Year):** ____________________________________

End Date **(Month/Day/Year):** ____________________________________

Program: ____

Facility: ____

City and State: ____

Beginning Date **(Month/Day/Year):** ____________________________________

End Date **(Month/Day/Year):** ____________________________________

Program: ____

Facility: ____

City and State: ____

Beginning Date **(Month/Day/Year):** ____________________________________

End Date **(Month/Day/Year):** ____________________________________

Program: ____

Facility: ____

City and State: ____

Signature: ____

If needed, print another copy of page 2 and attach to the 2-sided copy completed.