

RESIDENCY APPLICATION
MILLCREEK COMMUNITY HOSPITAL
5515 PEACH STREET
ERIE, PA 16509

Please
Attach
Photo

Here**

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

E-MAIL ADDRESS:

SOCIAL SECURITY NUMBER:

BIRTHDATE:

AOA#:

RESIDENCY I AM APPLYING FOR:

UNDERGRADUATE EDUCATION:

OSTEOPATHIC EDUCATION:

INTERNSHIP:

AWARDS, HONORS, PUBLICATIONS, SPECIAL INTERESTS:

**Application will not be considered complete
without a photograph.

BRIEFLY STATE WHY YOU SEEK A RESIDENCY WITH MILLCREEK COMMUNITY HOSPITAL:

Please answer each of the following questions. If the answer to any is yes, please append full details to this application:

	Yes	No
Has your license to practice, in any jurisdiction, ever been revoked, restricted or suspended?		
Have you been the subject of any disciplinary action by any housestaff training program within the past five years?	_____	_____
	_____	_____
Has a hospital appointment been terminated or restricted or have you resigned after being notified you would be terminated or restricted within the past five years?		
	_____	_____
Have you ever been convicted of a crime other than a minor traffic violation?		
	_____	_____
Have you ever been involved in a proceeding in which professional malpractice on your part was alleged?		
	_____	_____
Have you been subject to disciplinary action for substance abuse?		
	_____	_____
	_____	_____

Application Statement: I agree that my professional qualifications, including my moral and ethical standing and my competence in clinical skills, will be evaluated by Millcreek Community Hospital and that the Hospital may make inquiries of the persons named in my application and of other persons, such as authorities of licensing bodies, osteopathic medical schools, hospitals or other institutions as the Hospital may deem appropriate; and I agree that the sources and all information furnished to the Hospital in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or anyone acting on my behalf.

I hereby declare that the information given in this application is true and correct to the best of my knowledge.

Applicant's Signature _____ **Date** _____

Please forward two letters of recommendation, an official transcript, and National Board Scores to:
Department of Medical Education, Millcreek Community Hospital, 5515 Peach St., Erie, PA 16509

