



**COMBINED INTERNAL MEDICINE AND PEDIATRICS RESIDENCY PROGRAM**

Department of Graduate Medical Education  
**Observership Screening Application**

Name <b>FIRST</b>		<b>MIDDLE</b>		<b>LAST</b>	
Gender		Male	Female	Date of Birth (mm/dd/yyyy)	
Your Email Address		Phone Number			
Medical School		Medical School Graduation Date (mm/dd/yyyy)			
USMLE Step 1 Score & Date		USMLE Step 2 Score & Date			
USMLE Step 3 Score & Date (if applicable)		Desired Rotation Month			
What Residency Programs are you interested in? (i.e. Pediatrics, IM, Med/Peds, OBGYN, etc)					
Residency Application Season					
How did you hear about our observership program?					

I hereby verify that the information and documents contained in this application are accurate, authentic and complete.		
Name ( <i>Print</i> )		Date (mm/dd/yyyy)
Signature		
Please acknowledge: <i>Our observership is unable to provide Letter of Recommendations, due to the limited amount of time working directly with the Program Director.</i>		<b>Initial Here</b>

**ATTACHMENTS REQUIRED:**

*The following documents should be included with the signed application:*

- Medical School Diploma
- ECFMG Certificate (if applicable)
- Curriculum Vitae (CV / resume)
- USMLE Step 1 and USMLE Step 2 Score Report
- Three Letters of Recommendation

**Email completed application and required documentation to Dominic Barker ([dbarker1@hurleymc.com](mailto:dbarker1@hurleymc.com))**

\*PLEASE NOTE: THIS APPLICATION IS ONLY THE FIRST STEP. ALL OF THE INFORMATION REQUESTED ABOVE IS **REQUIRED** TO CONSIDER YOU FOR AN OBSERVERSHIP IN OUR PROGRAM AT HMC. OBSERVERSHIP SPOTS ARE LIMITED AND NOT GUARANTEED.