

PERSONAL DATA SHEET FOR RUSH HOUSE OFFICERS 2009-2010

(Please print form and fill out legibly; circle info where appropriate)

Name _____ SS# _____
(Last) (First) (M.I.)

Phone (____) _____ - _____ email _____ @ _____ . _____
Home Address _____

(Street (City) (State) (Zip Code)
Birthdate ____/____/____ Age ____ Sex ____ Birthplace _____
NPI number: (If issued) _____ You will need one, but cannot apply until you have a medical license.
(optional) Single Divorced Married Spouse/Partner's Name _____

Lab Coat Size: Use sizing chart below: We cannot order your coats until you send this in, so please turn this around QUICKLY!

Circle size here:	XS	S	M	L	XL	2X	3X	4X	5X
Female	4-6	8-10	12-14	16-18	20-20W	22W-24W	26W-28W	30W-32W	34W-36W
Male	30-32	34-36	38-40	42-44	46-48	50-52	54-56	58-60	62-64

Citizenship: US Other: _____ (If "other", please complete below)
Visa Type Applying for or have J-1 H1B Other: _____ Permanent Resident
ECFMG No. # _____ Issue Date ____/____/____

ATTACH COPY OF ECFMG CERTIFICATE/VISA (if IMG)

Ethnic/Race: Circle: White Black Asian/Indian Native Hawaiian/Pacific Islander
Hispanic American Indian/Alaska Native Two or More Races Race Ethnicity Unknown

Do you NOW have an IL medical license? If yes, Perm #036 Temp #125 Date Exp. ____/____/____
Circle: I Have applied I will apply for IL license? Circle type: Perm #036 Temp/Training #125

ATTACH COPY OF ILLINOIS MEDICAL LICENSE (if you have one)
ATTACH COPY OF SOCIAL SECURITY CARD (MANDATORY for employment)

Rush Dept./Program _____ Resident PGY ____ / Fellow ____
Have you ever been employed at Rush? No Yes If so, when and where?

EDUCATION:

Medical College _____ Degree: MD DO MBBS DDS DPM _____

City _____ State/Country _____ Date of Graduation ____/____/____

Other College/University Education	Location	From Date	To Date	Degree
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____
_____	_____	____/____/____	____/____/____	_____

PREVIOUS MEDICAL TRAINING:

	Institution	State/Country	Program	From	To
Internship(s)	_____	_____	_____	____/____/____	____/____/____
Residency	_____	_____	_____	____/____/____	____/____/____
Fellowship	_____	_____	_____	____/____/____	____/____/____

RETURN WITH ALL ATTACHMENTS TO:
RUSH UNIVERSITY MEDICAL CENTER
TINA - Department of Graduate Medical Education
600 South Paulina Street, Academic Facility, Room 527
Chicago, Illinois 60612-3844