



Medical Education Plus+
Medical Education for the World

Program Application

General Information

I. Personal Information

Medical School _____

Social Security/ Social Insurance Number _____

First Name _____

Middle Initial _____

Last Name _____

Address1 _____

Address2 _____

Address3 _____

City _____ State _____

Province _____ Country _____

Email Address _____

Phone Number (incl. area code) (____) _____ - _____

Date of Birth (mm/dd/yyyy) ____ / ____ / _____

Place of Birth:

City _____ State _____

Province _____ Country _____

U.S Immigration Status:

- U.S. Citizen U.S. Permanent Resident Canadian Citizen
 U.S. Visa (please specify type and length) _____
 Other _____

Program Location Applying to: _____

Expected Date to Start Program: Jan April July Oct

Shirt Size XS S M L XL XXL XXXL

Coat Size XS S M L XL XXL XXXL



Name of person to contact in case of emergency: _____

Address _____

Address _____

Phone Number (incl. Area Code) (_____) _____ - _____

Relationship _____

II. Employment, Volunteer Work, and Extracurricular Activities

1. List Employment for the last five years:

A) Employer _____

Position _____

Dates of Employment _____ to _____

B) Employer _____

Position _____

Dates of Employment _____ to _____

C) Employer _____

Position _____

Dates of Employment _____ to _____

D) Employer _____

Position _____

Dates of Employment _____ to _____



2. List Volunteer Work for the last five years:

- A) Organization _____
Dates of Service _____ to _____
- B) Organization _____
Dates of Service _____ to _____
- C) Organization _____
Dates of Service _____ to _____
- D) Organization _____
Dates of Service _____ to _____

3. List Extracurricular Activities

- 1) _____
- 2) _____
- 3) _____
- 4) _____

III. Personal History

1. Have you faced any hardships that have interfered with your educational goals? Yes No
If yes, please explain on a separate sheet of paper.
2. Are you currently under the care of any health care provider for any physical, mental, emotional and/or learning disability? Yes No If yes, please explain on a separate sheet of paper.
3. Have you ever been under the care of a health care provider for any physical, mental, emotional and/or learning disability? Yes No If yes, please explain on a separate sheet of paper.
4. Are you currently taking any prescription medications for any physical, mental, emotional and/or learning disability? Yes No If yes, please explain on a separate sheet of paper.
5. Have you ever been convicted of a crime? Yes No
If yes, please explain on a separate sheet of paper.
6. Have you ever had your medical privileges or license (professional or otherwise) denied, suspended, or revoked? Yes No If yes, please explain on a separate sheet of paper.
7. Have you ever been dismissed from an academic institution? Yes No
If yes, please explain on a separate sheet of paper.



Medical Education

Medical School _____

School Address _____

City _____ Province _____

Country _____

Date Started (mm/yyyy) _____ / _____

USMLE Step 1 Passed Failed Not Taken
If Passed, Date(mm/yyyy): _____ / _____ 3-digit score: _____

USMLE Step 2CS Passed Failed Not Taken
If Passed, Date (mm/yyyy) _____ / _____ 3-digit score: _____

USMLE Step 2CK Passed Failed Not Taken
If Passed, Date (mm/yyyy) _____ / _____ 3-digit score: _____

Signature

All data collected on this Application Form is private and confidential. The information collected on you will only be used internally, and will not be released to persons or institutions outside of Medical Education Plus and its partners without your consent. Some states have laws that require background checks on persons who provide care for others or have access to people who receive care. This law applies to all persons who are employed in the care-giving industry or have formal access to individuals being served by the care-giving industry. As part of your course studies you will be placed in a clinical site(s), and therefore, you will be subject to a background check. By signing your name below you agree that we may conduct and use consumer credit and background check reports. You further certify that heretofore you have not been convicted of, nor have charges pending against you for, a serious crime. Note: A background check will only be done should you be accepted into the program.

Signature _____ Date _____

Allow 4-6 weeks for processing. Please submit only one application. Multiple applications could cause a delay in processing.



Each medical student will be expected to submit the following information:

- Curriculum Vitae
- Transcripts from the medical school issuing your degree
- Letter of Good Standing from Medical School
- Completion of Medical School Basic Science Curriculum
- Verification of US citizenship, permanent residency, or other visa status; a Work Authorization Number (WAN) is required for Canadian citizens
- Registration Application <download>
- Copy of one Acceptable Document from List A, or one item from List B plus another from List C, in order to establish identity (see List of Acceptable Documents) <download>
- Two passport size photos (no older than 12 months)
- Current Record of Immunizations (Hepatitis B, MMR & PPD); PPD cannot be over 12 months old at any point during rotations.
- Background Check Form <download>
- Proof of \$1 Million / \$3 Million Professional Medical Student Liability Insurance
- Non-refundable registration fee of \$300 via cashiers check or money order made payable to Medical Education Plus

Please send completed application package and registration fee to the following address:

3450 Cobb Parkway NW
Suite 190
Acworth, GA 30101