



Graduate Medical Education  
6431 Fannin Street, Suite J JL 310  
Houston TX 77030  
713-500-5151  
713-500-0612 (fax)

DEMOGRAPHIC SHEET FOR NEW RESIDENT OR CLINICAL FELLOW  
THIS INFORMATION IS NEEDED TO OPEN FILES WITH TEXAS MEDICAL BOARD  
AND AFFILIATED TRAINING HOSPITALS

**To be completed by resident starting new position (Please type or print clearly):**

Full Name: \_\_\_\_\_  
Last First Middle

Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_  
(Do not use a school email address)

Home Mailing Address that will be good when contracts are mailed out in March/April:

\_\_\_\_\_  
Street City State Zip Code

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
mm/dd/yyyy City State Country

Gender:  Female Marital Status:  Single  
 Male  Married

ARE YOU A U.S. CITIZEN?  Yes  
 No → Country of citizenship? \_\_\_\_\_

Are you a permanent resident?  Yes → Attach a photocopy of your "green card"  
 No → VISA expected? \_\_\_\_\_

Medical School: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
mm/dd/yyyy

U.S. Social Security Number: \_\_\_\_\_ ECFMG #: \_\_\_\_\_

National Provider Identifier (NPI #): \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home/Mobile Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

The United States Department of Education requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights and Equal Employment Opportunity Commission.

Please answer both parts of the following questions on your ethnicity and race. [United States Federal Register \(72 Fed. Reg. 59266\)](#)

**Part 1: Ethnicity**

Do you classify yourself as Hispanic/Latino? (*Choose only one.*)

- **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **Not Hispanic/Latino**

**Part 2: Race**

What is your race? (*Choose one or more.*)

- **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black** - A person having origins in any of the black racial groups of Africa or the Caribbean.
- **Native American or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I certify that the above information is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date