

**NEUROPHYSIOLOGY APPLICANT
CHECKLIST**

Please complete the following information and email back to mary.clark@uth.tmc.edu.

Last Name:	
First Name:	
Middle Name:	
SS#	Do not sent via email unless encrypted.
D.O.B:	
Place of Birth:	
Gender:	M F
Ethnicity:	
Marital Status: M S	Spouse Name:
Citizenship:	
If Non-Citizen - Type of VISA:	
E-Mail Address:	
Cell Phone Number:	()
Home Phone Number:	()
Home Address:	
Permanent Address:	
Permanent Phone:	()
Emergency Contact Name:	Relationship:
Emergency Contact Address:	
Emergency Contact Phone #:	
Do you have a Texas Medical License?	No Yes if yes, number _____
Professional References (3) Letters	
EDUCATION:	
Medical School:	
(Name, City, State, Country)	
Graduation Date:	

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Internship:			
(Name, City, State, Country)			
Graduation Date:			
Residency:			
(Name, City, State, Country)			
Graduation Date:			
ECFMG Certificate:	Certificate No:	Valid Dates:	
USMLE Step 1	Date Passed:	Score 3 digits:	Score 2 digits:
USMLE Step 2	Date Passed:	Score 3 digits:	Score 2 digits:
USMLE Step 3	Date Passed:	Score 3 digits:	Score 2 digits:
Lab Coat Size:			