

OTHER EXPERIENCE

Practice, military service, etc.

Dates

MEDICAL LICENSES

State of Licensure

Certificate Number

LETTERS OF REFERENCE

Including one from your current/most recent program director and two from faculty members you worked with during your internship and/or residency.

Name and Title

Institution or Address

Your application consists of this form, your personal statement discussing your interest in internal medicine and your ultimate professional objectives, Dean's letter, medical school transcript, three letters of reference, and your curriculum vitae with a bibliography. If you applied to our program for a PGY1 position via ERAS we will access your Dean's letter and medical school transcripts already on file with our office; otherwise, please request this information from the appropriate source.

Please return your application to:

Assistant Director
Internal Medicine Residency
University of Washington
Box 356421
Seattle, WA 98195-6421

(206) 543-3605

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