

REQUEST FOR HOSPITAL AGREEMENT 2020-2021

NEW - first time agreement RENEWAL of existing agreement
Changing Programs Resident Fellow

Name First MI Last Title (MD or DO) (DDS or DMD)
Social Security Program PO Box
PG Level From , 2020 to , 2021 Salary

To request a PG-3 Resident Agreement: Resident will be suspended until this requirement has been met. US/Canadian Graduates: A hospital agreement will not be issued unless proof is attached that residents who are graduates of US/Canadian medical schools or osteopathic schools have passed Step 3 of USMLE or COMLEX and have applied for WV licensure. It is expected that a resident will obtain the license within 90 days of the initial application. International Graduates: Graduates of medical schools outside the US/Canada should also take and pass STEP 3 during their PG-2 year. They will not be advanced to the PG-3 year unless proof of this requirement has been attached. Following completion of three years of postgraduate training, they must have applied for West Virginia licensure. It is expected that a resident will obtain the license within 90 days of the initial application.

Current Mailing Address: Local Address (if available):

Phone No. Work No.
Date of Birth Name of Spouse

Person to contact in case of emergency:
Address: Phone:

Graduate of School of Medicine/Dentistry
City State Country

Month/Day/Year of Graduation ECFMG #

NOTE: A COPY OF THE RESIDENT'S MEDICAL SCHOOL DIPLOMA AND ECFMG CERTIFICATE (IF APPLICABLE) MUST BE ON FILE IN THE GME OFFICE BEFORE A HOSPITAL AGREEMENT IS CONSIDERED COMPLETE.

I acknowledge I have read and reviewed the USMLE Step 3 and licensure requirements noted above.

Resident Signature Date
Program Director Signature Date