International Medical Graduate Residency Preparation Program

Written Application

Name: _____

Date of Birth: Month: _____   Date: _____   Year: _____

Gender: _____

Current Address: _____

Phone: _____

Email: _____

Country of Birth: _____

Medical School and Year of Graduation: _____

Languages Spoken: _____

You must demonstrate Minnesota residence from at least January 1st, 2018 to January 1st, 2020. Please list Minnesota addresses and dates for that time period. If selected to participate in the program, proof of residency will be requested.

Address #1: _____

Dates: From _____ to _____

Address #2: _____

Dates: From _____ to _____

Address #3: _____

Dates: From _____ to _____

Please provide a personal statement **no longer than 750 words** that includes the following:

- Reasons for wanting to participate in the preparatory program;
- Particular clinical challenges or areas for improvement that you believe this program will help you address;
- Unique health-related skills or experiences that you would bring to this program and/ or residency;
- Your professional hopes and aspirations following residency.

Submissions over 750 words will not be considered.

Please complete the following table that summarizes your previous testing. It is very important that you report all testing attempts. Formal documentation of each attempt must be submitted with your application.

Test	Attempt	Date	Score	Pass/Fail
USMLE Step 1	1			
	2			
	3			
USMLE Step 2 – Clinical Knowledge	1			
	2			
	3			
USMLE Step 2- Clinical Skills	1			
	2			
	3			
USMLE Step 2	1			
	2			
	3			

Have you previously applied for a US residency training program? Yes _____   No _____. If yes, please complete the following table for each attempt:

Year Applied	Residency Program (i.e. medicine, pediatrics, ob/gyn, etc)	Outcome

Have you previously entered a US residency training program?

Yes_____   No _____

If yes, please provide information on the location, dates of training, whether successfully completed or not, and if not completed, why?

_____

_____

_____

Please note that if you are accepted into the 2019-2020 BRIIDGE program, and also apply for   and then match for residency on March 20th, 2020, you will not be enrolled in the BRIIDGE program and your spot will be given to someone on the waitlist.