

**University of Minnesota 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 1, 2019 to January 1, 2021.
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.