

# Official Data Sheet and Application for Resident Physician

County of Los Angeles  
Harbor-UCLA Medical Center



1. **Name** \_\_\_\_\_  
Last First Middle

2. **Address** \_\_\_\_\_

3. **City, State, Zip** \_\_\_\_\_

4. **Phone** \_\_\_\_\_ **Social Security** \_\_\_\_\_

5. **Email Address** \_\_\_\_\_

6. **Birth date** \_\_\_\_\_ **Sex** \_\_\_\_\_ **U.S. Citizen?** \_\_\_\_\_

7. **Application is being made for** \_\_\_\_\_

(1<sup>st</sup> yr, 2<sup>nd</sup> yr, 3<sup>rd</sup> yr, etc.)

a. **Residency in** \_\_\_\_\_

8. **Undergraduate Training:**

a. **Name of School and Dates Attended** \_\_\_\_\_

9. **Medical School:**

a. **Name of School and Dates Attended** \_\_\_\_\_

10. **Degrees** \_\_\_\_\_ **Ethnic Origin** \_\_\_\_\_

11. **Residency Program** \_\_\_\_\_

12. **Starting Date** \_\_\_\_\_

13. **Projected Completion Date** \_\_\_\_\_

14. **Previous Residency Training** (if applicable):

1<sup>st</sup> year \_\_\_\_\_

	Dates Attended	Name of Hospital or School	Address
2 <sup>nd</sup> year	_____	_____	_____

3 <sup>rd</sup> year	_____	_____	_____
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4 <sup>th</sup> year	_____	_____	_____
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	Dates Attended	Name of Hospital or School	Address
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15. **California Medical License #** (if applicable) \_\_\_\_\_ **Exp Date** \_\_\_\_\_

16. **DEA # & Exp Date** \_\_\_\_\_

17. **Beeper #** \_\_\_\_\_ **Physician ID #** \_\_\_\_\_

18. **ACLS Certification** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

19. **Visa Status/INS #** \_\_\_\_\_ **ECFMG Certificate** \_\_\_\_\_

20. **Marital Status** \_\_\_\_\_ **Spouse's Name** \_\_\_\_\_

21. **Name, Address, and Telephone Number of Parents or Nearest Relative:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of Applicant  
(Read this statement carefully before signing)

I hereby certify that all statements made on or in connection with this application, are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of all rights of employment by the County of Los Angeles or by any district served by the County of Los Angeles Department of Human Resources.

\_\_\_\_\_  
Signature of Applicant Date

List any name(s) you have ever used other than the one signed above (maiden name, previous married name(s), etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_