

Please indicate that you have attached the following to your application:

Application must be typed

Refresher/Re-entry Application Packet must include:

Copy of your Medical Degree certificate (in English or English translation)

Transcripts from medical school (in English or English translation)

Government Issued Photo Identification (Drivers License, State ID, or Passport)

Copy of recent license (if applicable)

Curriculum vitae

USMLE steps 1 and 2 score report

GME Residency Certification (if applicable)

ECFMG Certification (if applicable)

Head Shot Photo

$200 Application Fee (Non-Refundable) [Click here to make payment by credit card online](https://secure.touchnet.com/C20688_ustores/web/store_cat.jsp?STOREID=99&CATID=397&SINGLESTORE=true).

Please state to which program you are applying:

\_\_\_\_\_ Structured Preceptorship (virtual)

\_\_\_\_\_\_ Medical Documentation Course (online/self paced)

\_\_\_\_\_\_ Pain Management and Substance Use Disorder Course (virtual)

\_\_\_\_\_\_ Enhancing Patient-Physician-Team Communication Course (virtual)

\_\_\_\_ Observership – outpatient (in person)

Please rank your preference: \_\_\_\_hematology/oncology, or \_\_\_nephrology, or \_\_\_\_rheumatology



**Drexel Medicine® Physician Refresher/Re-Entry Course**

Application

Name:

(LAST) (FIRST) (Middle) \_\_\_\_\_\_\_MD or DO Male/Female: Year of Birth: Country of Birth:

Local Address: (street, city, state, country, zip code):

Permanent Address: (street, city, state, country, zip code):

Email: Phone (s): \_\_\_\_\_

Name of Medical School:

Location: Years of Medical School:\_\_\_\_\_\_\_\_\_\_

Medical School Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select when you were admitted into the medical school program:

immediately following completion of secondary education/high school

after completion of an undergraduate (Bachelor’s) degree program

Internship Name/Location:

Dates of Internship?

Name of Specialty:

Residency Name/Location:

Dates of Residency? Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Residencies?

Name/Location/Dates/Specialty:

Fellowship Name/Location/

Date/Specialty:

List Observerships/assessments/reentry programs, include location and dates:

1.

2.

3.

Years away from Clinical Practice:

Reason you left clinical practice: Why do hope to return?

Who is your current employer now/if any?

Current Position:

Name of Employer: State/Country of Employment:

Programs starts on the first Monday of every month. Please list 3 dates you are available to begin, in order of most to least available.

1.

2.

3.

Program is offered in 4 week blocks. Please indicate your duration preference:

1. 4 weeks:
2. 8 weeks:
3. 12 weeks:
4. More:

What are the two most important things you hope to gain during this

preceptorship.

1.

2.

How did you learn about this program?

Resident status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

US citizen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US Visa? (yes/no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is (are) your primary language(s)?

Scores/Certificates:

USMLE step 1: step2 CK: Step2 CS: Pass / Fail Step 3:

ECFMG certification: yes / no date:

Licensure:

Do you have a license to practice outside of the US \_\_\_\_\_\_\_\_\_\_\_\_Where\_\_\_\_\_\_\_\_\_\_\_ Do you have an ACTIVE license in the US\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where\_\_\_\_\_\_\_\_\_\_?

Board Certification:

What specialty (ies)? Expiration date:

Discipline:

Have your license or privileges ever been revoked, suspended, or denied?

Please explain:

Any criminal convictions? Felonies? Misdemeanors? Explain:

Will you need a report sent upon conclusion of the program? \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, where & by when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For those pursuing a residency:

# of times you have applied for residency?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When will you be applying for residency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you think you have not obtained a residency spot? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you hope this preceptorship will help you?

**(Do Not E-Mail application with credit card information, see link on page 1 for payment.**

**Return with a copy of your medical degree, transcript (in English or English translation), recent license, your curriculum vitae, USMLE Step I and II scores reports, a copy of your GME certification (if applicable), a copy of ECFMG (if applicable), head shot photo, and non-refundable $200 application fee.**

Forward application by email, [Com\_Physicianrefresh@drexel.edu](mailto:Com_Physicianrefresh@drexel.edu)