Drexel Medicine® Physician Refresher/Re-Entry Course Applicant Survey

When are you available for the 6-week observership? _____________________________________________

Why are you interested in this program? _______________________________________________________

What are the three most important things you hope to gain from the observership?________________

_______________________________________________________________________________________

_______________________________________________________________________________________

What are your future goals and how will this observership help you achieve your goals?

_______________________________________________________________________________________

_______________________________________________________________________________________

The observership is geared toward internal medicine, however, the observership may be modified to meet
special needs. If this is of interest, how can the experience be modified to meet your specific goals.

_______________________________________________________________________________________

Identify the name of your medical school and year of graduation_______________________________

Did you pass USMLE Step 1? ______ date _______ USMLE Step 2? ______ date _______

Are you ECFMG Certified? _________________________________________________________________

☐ Yes ☐ No

Did you complete residency training? _______________________________________________________

☐ Yes ☐ No

If so, where/when ________________________________________________________________

Are you licensed to practice? ☐ Yes ☐ No If so, what state ____________________________

Do you have a Pennsylvania Medical Training License? ☐ Yes ☐ No

Are you board certified in a specialty? If so, what specialty? ________________________________

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Drexel University College of Medicine, a separate not-for-profit subsidiary of Drexel University.
Are you certified in life support training? □ Basic Life Support  □ Advanced Life Support  □ No
If yes, indicate who, where and when certification was provided __________________________________________

Do you have medical malpractice insurance that provides coverage in the US? □ Yes  □ No

Will you have personal health insurance during participation in the observership? □ Yes  □ No

What is your primary language? _______________________________________________________________
If other than English, how do you characterize your proficiency in speaking and writing in English?  

Writing = □ basic  □ intermediate  □ advanced  
Speaking = □ basic  □ intermediate  □ advanced  

What is your residency status? □ U.S. citizen  □ Permanent Resident  □ U.S. Visa
If in the US on a visa, what type of visa? ___________________ Date visa expires _____________________

Will you need assistance finding housing for the duration of the program? □ Yes  □ No
If you have investigated programs similar to the Physician Refresher Course, which features were most attractive to you?
_______________________________________________________________________________________
_______________________________________________________________________________________

How did you hear about our program? _______________________________________________________

How do you recommend we reach other potential applicants who may be interested in this observership?
_______________________________________________________________________________________

Please suggest organizations whose members may be interested in the program.
_______________________________________________________________________________________

Return by fax or e-mail to:

Drexel University College of Medicine
Office of Continuing Medical Education
Fax number:  215-762-2589
E-mail address: cynthia.johnson@drexelmed.edu

If you have additional questions, please contact us at 215-762-2580

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