



DREXEL UNIVERSITY COLLEGE OF MEDICINE

In the Tradition of Woman's Medical College of
Pennsylvania and Hahnemann Medical College™

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