



**APPLICATION FOR EEG COURSE**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Position/Title: \_\_\_\_\_

Highest Degree: \_\_\_\_\_

Which session of the EEG Course will you attend? February  (year: \_2025\_) July  (year: \_2025\_)

Are you interested in staying after the course for our 1-year Research Scholar Program? (non-stipend)

Yes  No

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**DEMOGRAPHICS:**

**Present Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Other:**

Citizen of: \_\_\_\_\_

Green card # (if applicable): \_\_\_\_\_ J-1 Visa # (if applicable): \_\_\_\_\_

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**U.S. Licensing Exams Passed (attach a copy of scores for each exam if applicable):**

ECFMG English: \_\_\_\_\_ Clinical Skills Assessment: \_\_\_\_\_

USMLE 1: \_\_\_\_\_ USMLE 2: \_\_\_\_\_ USMLE 3: \_\_\_\_\_

**English Proficiency Exams Passed (attach a copy of scores for each exam taken):**

**TOEFL:** \_\_\_\_\_ **IELTS:** \_\_\_\_\_ **OET:** \_\_\_\_\_

**Medical License/International Medical Graduates (attach copies of each document):**

ECFMG Certificate No. \_\_\_\_\_ Type of Visa: \_\_\_\_\_ Hold:  \_\_\_ Needed:  \_\_\_\_\_

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**MEDICAL or POSTGRADUATE EDUCATION and TRAINING:**

Institution: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

Type of Post Graduate Education:

\_\_\_\_\_

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Special Training in Academics or Hospital Setting (not already):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Publications & Grants:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return to:**

**Attn: Tamika Cammon**

[Tamika.Cammon@uhhospitals.org](mailto:Tamika.Cammon@uhhospitals.org)

[Jun.Park@uhhospitals.org](mailto:Jun.Park@uhhospitals.org)