



Supplemental Form for International Medical School Students

Please print or type:

Name: _____
Last First Middle

Have you spoken with or corresponded with a faculty member at Yale? Yes _____ No _____

If yes, with whom? _____

Have you completed all basic science courses? Yes _____ No _____

<i>Have you completed a course or clerkship in:</i>	Yes	No	Number of Patients
1) Physical Diagnosis (physical examination and history taking)	_____	_____	_____
2) Inpatient Internal Medicine	_____	_____	_____
3) Outpatient Internal Medicine	_____	_____	_____
4) Neurology	_____	_____	_____
5) Obstetrics & Gynecology	_____	_____	_____
6) Pediatrics	_____	_____	_____
7) Psychiatry	_____	_____	_____

<i>When you participated in your clerkships, did you:</i>	Yes	No
Did you take histories and perform physical exams?	_____	_____
Did you write up the above for inclusion in the patient's record?	_____	_____
Did you present the patient's clinical problem(s) to an attending physician?	_____	_____
Did you place your progress notes in the patient's record?	_____	_____

English Language Skills:

Knowledge of English:	Excellent	Good
Written	_____	_____
Spoken	_____	_____

Knowledge of Medical English:

	Yes	No	Score	Date
Have you had English as a primary language in patient care settings				
Have you taken the TOEFL?	_____	_____	_____	_____
Have you taken Step 1 – United States Medical Licensing Exam?	_____	_____	_____	_____

Please submit a personal statement describing your career goals, how this experience will help you achieve them, and what you have accomplished thus far in pursuit of those goals. Also include what cultural opportunities you will pursue during your stay. Please submit this statement in a separate document that is double-spaced and no more than one page (approximately 250 words).

Your Signature

Official Signature
Dean of Your Medical School

Please Print or Type Dean's Name

Certification (Seal)

Administrative Staff

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