

Sample: Filled Medical License Registration Form

A **filled medical license registration form** is essential for residency applications, ensuring all personal and professional details are accurately documented. This form verifies eligibility and compliance with medical board requirements. Proper completion facilitates a smooth application process for residency programs.

1. Personal Information

Full Name	Jane Alexandra Smith
Date of Birth	1992-03-14
Gender	Female
Address	123 Greenway Avenue, Springfield, IL 62704, USA
Phone Number	(217) 555-9876
Email Address	jane.a.smith@email.com

2. Identification Details

Social Security Number	XXX-XX-1234
National ID/Passport No.	P123456789

3. Education & Credentials

Medical School Attended	University of Illinois College of Medicine
Graduation Year	2022
Degree Awarded	MD (Doctor of Medicine)
ECFMG Certification	Yes (ECFMG Certificate No: 2023-1234567)

4. Examination Details

USMLE Step 1	Pass (Score: 238, 2020-06-16)
USMLE Step 2 CK	Pass (Score: 245, 2021-08-12)
USMLE Step 2 CS	Pass (2021-09-25)
USMLE Step 3 (if applicable)	Scheduled

5. Work Experience

Internship/Clerkship	St. John's Hospital, Chicago, IL – Internal Medicine Internship (2022-2023)
Other Clinical Experience	Outpatient Pediatrics Rotation, Cook County Hospital – 3 months

6. License/Registration Information

License Type	Graduate Medical License (GML)
State of Application	Illinois

Application Date	2023-10-02
License Number (if applicable)	Pending

7. Declarations & Attestations

Have you ever been convicted of a felony?	No
Any disciplinary actions against your medical license?	No
Declaration	I certify that the information provided above is true and accurate to the best of my knowledge. I understand that any false statement may result in disqualification or revocation of my license.

8. Signature

Applicant's Signature	Jane Alexandra Smith
Date	2023-10-02