

BASIC INFORMATION

Demographics

First name:

Last name:

Program intended:

- Certificate in Medical Education
- Master of Science in Medical Education

PeopleSoft ID:

Middle Initial:

Date of birth:

Permanent Address:

- Address 1:
- Address 2:
- City:
- State or province:
- Zip or postal code:

Home phone:

Alternative phone:

E-mail:

Education

Institution	From (mm/yy)	To (mm/yy)	Major/Field	GPA	Degree	Date granted

Honors

Click or tap here to enter text.

OPTIONAL SELF-DESCRIPTION

Gender

- Male
- Female
- Transgender male
- Transgender female
- Non-binary
- Prefer to self-describe
- Prefer not to answer

Race

Are you of Hispanic or Latino ethnicity (meaning a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?

- Yes
- No
- Prefer not to answer

Ethnicity

Please select one or more race/ethnicity groups that you identify with:

- American Indian/Alaskan Native
- Asian
- White
- Black or African American
- Native Hawaiian/Other Pacific Islander
- Prefer not to answer

CITIZENSHIP INFORMATION

Are you a US citizen? Yes No

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If you are not a US citizen, please answer the following questions:

What is your country of citizenship?

Are you a US immigrant/permanent resident alien? Yes No

Do you hold a visa? Yes No

If yes, indicate visa type:

Choose an item.

Visa classification

Student

Research scholar

Other, specify:

Pennsylvania Residency

Are you a Pennsylvania resident?

The following three questions are REQUIRED by the University of Pittsburgh.

Is your father a resident of Pennsylvania?

Is your mother a resident of Pennsylvania?

Is your guardian a resident of Pennsylvania?

Veteran Military Benefits

Are you currently serving, or have you ever served, in the U.S. armed services?

Yes No

Do you plan to use your own, parent's, or spouse's military or veteran educational benefits to pay for your education at the University?

Yes No

TEST SCORES

Test	Test date	Test score	Registration/ID number
TOEFL (paper-based)			
TOEFL (computer-based)			
TOEFL (internet-based)			
IELTS			
USMLE Step 1			
USMLE Step 2 CK			

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USMLE Step 2 CS			
USMLE Step 3			
ECFMG			

*For USMLE scores, please provide both 2-digit and 3-digit scores

TITLE and POSITION

What is your current title?

- Instructor
- Assistant professor
- Associate professor
- Professor

Other, please specify:

What will your position be when you start the program?

- Instructor
- Assistant professor
- Associate professor
- Professor

Other, please specify:

School/Department:

Division:

Starting date of position:

Administrative contact for new position:

- Name:
- Phone number:

Have you ever been a student or staff person at Pitt?

- Yes, if so, under what name?
- No