



American Association of Physicians of Indian Origin

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www.aapiusa.org, Tax ID# 38-2532505

AAPI Clinical Observership Application for IMGs

Name: _____ DOB: _____ Sex: _____

Address:

Phone No.: _____ e-mail: _____

Medical School: _____

Year Graduated: _____ Degree: _____

Post-Graduate / Research Experience:

Date Passed USMLE

Step I _____ (Required)

Step II CK _____ (Required)

Step II CS _____ (Required)

Date ECFMG Certified _____ (Required)

Specialty Area of Interest:

• Internal medicine • Family medicine • Cardiology • Gastroenterology • Other _____

Date You Want To Start Observership _____

What Is Your Visa Status: US Citizen/Permanent Resident/Other _____

How did you learn about this program:

• Previous Observers(s) • Friend(s) • AAPI member(s) • AAPI Website • Other website _____ • Forum(s) _____

Other information

Have you ever been convicted of a felony? No Yes

If yes, has the felony conviction been expunged? No Yes

Have you ever been sanctioned, excluded, or debarred by the federal government from participation in healthcare programs? No Yes

Have you ever been convicted of a misdemeanor that involved drugs, alcohol related offenses, or crimes of moral turpitude? No Yes

If yes, has the misdemeanor conviction been expunged? No Yes

If you have answered yes to any of the above three questions, please explain

Application Checklist:

In order for my application to be complete, I have attached the following documents:

1. My Curriculum Vitae
2. Copies of USMLE Scores Steps I, II-CK, & II-CS and ECFMG
3. Medical Diploma Certificate
4. 1-3 letters of reference from licensed physicians practicing in USA
5. Immunization Records (TB must be current—within 12 months of requested rotation)
6. Documentation of Indian Origin
7. \$100 Non-refundable processing fee (charged only if application accepted)

I hereby certify that the information I submit in this application is complete and correct to the best of my knowledge and belief

(Must be signed to process application)

Signature

Date

* All these forms to be sent in PDF or Word format to observership@aapiusa.net or faxed to 630-990-2281

Disclaimer: This AAPI Clinical Observership Program is not a hands-on experience but offers unique opportunity for the doctor to acquaint with the American Health Care System as well as to develop necessary clinical skills to get into training programs. The organizers of the program and participating physicians cannot guarantee residency position, therefore will not be held liable.