



American Association of Physicians of Indian Origin

Executive Office: 600 Enterprise Drive Suite 108, Oak Brook, IL 60523

Telephone: (630) 990-2277, Fax: (630) 990-2281,

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

PERSONAL INFORMATION

Name: _____

Address: _____

Phone No.: _____ Email: _____

Medical School: _____

Year Graduated: _____ Degree: _____

Post-Graduate Experience: _____

Current Position: _____

USMLE Scores: Step I _____ Step II _____ Step III _____

If I am offered a Residency, I am willing to work without compensation for 3 years: Yes No

After complete my training I am willing to serve in an underserved area: Yes No

Specialty Area of Interest:

Internal Medicine Family Practice Pediatrics OB/GYN

Current Visa Status: Citizen/Permanent Resident/Other _____

Please attach the following documents in PDF/Word format and email to info@aapisua.net:

- Curriculum Vitae
- USMLE Scores Step I & II and ECFMG (as appropriate)

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

Signature