



# NYCOMEC Trainee Registration Form 2009-2010

Old Westbury, NY 11568

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## Biographical Information:

Please print information clearly.

Name: \_\_\_\_\_, D.O. AOA #: \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Gender\*:  Female  Male Phone #: \_\_\_\_\_

Your photo, taken during NYCOMEC events, may be used in publications unless this box is checked.

For Trainees in NY, your name will be forwarded to NYSOMS for a free, automatic membership unless this box is checked.

Race/Ethnicity\*:

American Indian or Alaskan Native  Hispanic/Latino (Puerto Rican)

Black/African American (Not Hispanic)  Asian or Pacific Islander

Hispanic/Latino (All other)  White (Not Hispanic)

(\* Optional Information - For Federal reporting purposes)

(Please list each year of training on a separate line)

Postdoctoral Training	Hospital	OGME	Program	Start & End Date (Mo./Day/Yr. - Mo./Day/Yr.)
<i>Present</i> 2009 - 2010				
<i>Past</i> 2008 - 2009				
2007 - 2008				
2006 - 2007				
2005 - 2006				

Have you passed Part III (COMLEX Level 3)?

Yes Date: \_\_\_\_\_

Medical Licenses Held:

State: \_\_\_\_\_ Date Received: \_\_\_\_\_

State: \_\_\_\_\_ Date Received: \_\_\_\_\_

College of Osteopathic Medicine Attended:

\_\_\_\_\_

Graduation (Mo./Yr.): \_\_\_\_\_

Trainee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please forward to the Department of Osteopathic Medical Education\*\***