

Foundation for Better Education
Medical Training Observeship Form for Foreign Medical Graduates

Name: _____ DOB: _____ USMLE 1 Pass: Yes No

Phone: _____ USMLE 2 score: _____

Email: _____ USMLE 3 score: _____

Medical School Name: _____

Year of graduation or expected: _____ US Citizen: Yes No

Green card: Yes No NA Other: _____

Do you need assistance with Visa: Yes No

Do you need accommodations while in the US for training: Yes No

Clinical Rotation interested in: 1. _____ Date: _____ to _____

2. _____ Date: _____ to _____

3. _____ Date: _____ to _____

4. _____ Date: _____ to _____

5. _____ Date: _____ to _____

6. _____ Date: _____ to _____

7. _____ Date: _____ to _____

8. _____ Date: _____ to _____

9. _____ Date: _____ to _____

10. _____ Date: _____ to _____

**Please fill out this form completely and email us at foundationforbe@gmail.com along with your CV and signed Disclaimer.

Staff only: _____

Approved

Denied

Pending more info