

Student Application

For purposes of membership, "medical students" are defined as those person who are a full-time student making satisfactory progress toward the attainment of the degree of Doctor of Medicine from a medical school program that is accredited by The Liaison Committee on Medical Education (LCME), part of the U.S. Department of Education, leading to the M.D. degree in the United States, or The American Association of Colleges of Osteopathic Medicine (AACOM), leading to a D.O. degree in the United States."

Please **TYPE** or **PRINT**. Attach additional sheets if necessary

PERSONAL INFORMATION DOCUMENTS REQUIRED: Color photo

Last Name _____ First Name _____ Initials _____ Suffix _____

Email _____ Birthdate _____ Gender _____

Address _____

City _____ State _____ Zip _____ Phone _____

If someone referred you, please enter first and last name or the organization

ADDITIONAL INFORMATION

Current status in medical training _____

Intended medical specialty _____

Intended medical graduation date _____