

APPLICATION

AAFP/Bristol-Myers Squibb Award For Excellence in Graduate Medical Education

All materials
must be
received by
March 14, 2008

Applicant's Name _____ Member ID# _____
first last

Date of Birth _____ Place of Birth _____
mm/dd/yyyy city state country

Marital Status _____ Number of children _____

Home address _____
address

_____ city state zip

Home Phone _____ Work Phone _____ E-mail _____

List formal education (high school to current status)

School	City and State	From (Month/Year)	To (Month/Year)	Degree

I am a second-year resident* at

Name of Program _____

Address _____
address city state zip

Preferred Mailing Address: Home address Residency address

Are you a resident member of the AAFP? Yes _____ No _____

Residency Program Director Reference

Name _____

_____ address

_____ city state zip

Active AAFP member reference

Name _____

_____ address

_____ city state zip

*You must be a second-year resident in an ACGME accredited family medicine residency, intending to apply for a third year of training at the date of application OR currently in the first year of an AOA approved family medicine residency after completion of an AOA approved rotating general or family medicine internship.

