

WWAMI PERSONAL DATA FORM

APPLICANT INFORMATION

Legal Name:

Date of Birth:

SSN:

Gender: Female Male

Address:

City:

State:

ZIP Code:

Address:

Home Work *(Please check one)*

Personal Email:

CITIZENSHIP INFORMATION

Country of Citizenship:

Immigrant Status (check one):

- J1 – Exchange Visitor
 H1 – Working Visa
 IM – Immigrant

Other (specify) _____

Date entered USA (attach photocopy
of visa):

_____/_____
month year

Date visa expires:

_____/_____
month year

Please briefly describe your role/function for WWAMI (are you a site director and/or actively teaching WWAMI students in required and/or elective clerkships or are you teaching residents). Provide name of clinic and/or hospital where you will teach. include how many hours you anticipate devoting to these duties per year