

WWAMI PERSONAL DATA FORM

APPLICANT INFORMATION

Legal Name:		
Date of Birth:	SSN:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address:		
City:	State:	ZIP Code:
Address: (Please check one) Home Work	Personal Email: <i>Please be sure and list an email that you check regularly, or you could end up missing important UWSOM WWAMI communications.</i>	

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

THE FOLLOWING QUESTIONS ARE REQUIRED - IF THEY ARE LEFT BLANK, IT CAN CAUSE SIGNIFICANT DELAYS TO YOUR WWAMI FACULTY APPOINTMENT.

What are you anticipating your WWAMI Faculty duties to be?

E.g. Site Director, actively teaching students in required and/or elective clerkships, teaching residents, etc.

Provide the name of the clinic and/or hospital where you will be teaching WWAMI students.

Approximate hours you anticipate devoting to these duties per year