

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: