

**OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES  
COLLEGE OF OSTEOPATHIC MEDICINE  
OSTEOPATHIC MANIPULATIVE MEDICINE DEPARTMENT (OMM)  
1111 West 17<sup>th</sup> Street, Tulsa, OK 74107**

**OSTEOPATHIC NEUROMUSCULOSKELETAL MEDICINE 3  
RESIDENCY APPLICATION**

**Personal Information:**

Full Name: \_\_\_\_\_ Other Name/Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

AOA Number: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**Contact Address:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Home/Alternate Address:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Military Obligation:**

Are you committed to fulfill a U.S. Military active duty service obligation (Y=Yes, N=No): \_\_\_\_\_

If YES, Years of Commitment: \_\_\_\_\_ Start Date (Month/Year): \_\_\_\_\_

**Board Eligible/Board Certified (Circle)**

**Specialty:** \_\_\_\_\_

**Board Examination Date:** \_\_\_\_\_

**Has your Medical License ever been suspended/revoked/voluntarily terminated?**

(Y=Yes, N=No): \_\_\_\_\_ If YES, please provide explanation separately.

**Have you ever been named in a malpractice case? (Y=Yes, N=No):** \_\_\_\_\_

If YES, please provide explanation separately.

**Is there anything in your past history that would limit your ability to be licensed or to**

**receive hospital privileges? (Y=Yes, N=No):** \_\_\_\_\_

If YES, please provide explanation separately.

**Have you ever been convicted of a felony? (Y=Yes, N=No):** \_\_\_\_\_

If YES, please provide explanation:

**Examinations:** For each examination you have taken, please provide the following information:

<b>COMLEX I</b>	<b>COMLEX II</b>	<b>COMLEX III</b>
Score:	Score:	Score:
Passed on:	Passed on:	Passed on:
Failed on	Failed on	Failed on
Awaiting results from	Awaiting results from	Awaiting results from
Will take on	Will take on	Will take on
Will retake on	Will retake on	Will retake on
<b>USMLE I</b>	<b>USMLE II</b>	<b>USMLE III</b>
Score:	Score:	Score:
Passed on	Passed on	Passed on
Failed on	Failed on	Failed on
Awaiting results from	Awaiting results from	Awaiting results from
Will take on	Will take on	Will take on
Will retake on	Will retake on	Will retake on

**All Applicants**

Are you able to carry out the responsibilities of a resident in Neuromusculoskeletal Medicine/ Osteopathic Manipulative Medicine for which you are applying, including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations?

(Y=Yes, N=No): \_\_\_\_\_

**If NO, please provide explanation separately.**

**Please Attach:**

- Curriculum vitae, which is to include:
  - Contact information
  - Education history (including undergraduate college(s), any graduate education, medical school(s), and residency(ies))
    - Please explain on separate sheet if the course of any of these programs were not completed
  - Work experience
  - Current or past state licenses
  - Board certifications or eligibility
  - Current or past hospital privileges
  - Certifications in ACLS, BLS, PALS, etc
  - CME courses and/or conferences attended
  - Research experience and publications
  - Awards and accomplishments
  - Leadership, volunteer, and extracurricular activities
  - Language fluency in addition to English
- Personal statement (to include personal strengths and reasons for interest in this residency)

**Please Send:**

- Medical school transcripts (send directly to OSU-COM)
- Three letters of recommendation (at least one from a D.O.), including a letter from a previous program director

### 3—OSU ONMM3 Residency Application

By submitting this form to a postdoctoral training program, I attest that the information I have provided on this form is true and accurate to the best of my knowledge. I understand that the post-doctoral training programs may seek proof or verification from me or third parties of the information provided on this form. I further understand and acknowledge that providing false information on this form is unethical and would constitute cause for my immediate termination from any training program that offers a position to me.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Applications accepted beginning July 1**  
**Interviews begin after September 1**  
**Anticipated end of interviews January 15**

**Return Completed Application to:**

Mark Thai, D.O.

OSU-CHS / OMM DEPARTMENT

1111 West 17<sup>th</sup> Street

Tulsa, OK 74107

[mark.thai@okstate.edu](mailto:mark.thai@okstate.edu)