



APPLICANT INFORMATION

Legal Name

Full Last Name	First Name	Middle Name	Suffix
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Date of Birth U.S. SSN or ITIN Medical School of Graduation

(mm/dd/yyyy)	(Last 4 digits)	
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TIMELINE OF ACTIVITIES

A complete timeline of activities from graduation of medical school to present is required. Provide a written chronological description of all your professional and non-professional activities. Include a detailed description of your duties and responsibilities for any externship, observership, or volunteer activity in California. Dates shall be reported in chronological order in month/year (mm/yyyy) format.

Location (Facility Name, Address, and Supervisor)	Start Date	○
Activities	End Date	

Location (Facility Name, Address, and Supervisor)	Start Date	○
Activities	End Date	

Location (Facility Name, Address, and Supervisor)	Start Date	○
Activities	End Date	

Location (Facility Name, Address, and Supervisor)	Start Date	○
Activities	End Date	

SIGN LEGAL NAME: _____ **DATE:** _____

Applicant's signature and date are required

Form **TOA**