



**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**