



**APPLICANT INFORMATION**

**Legal Name**

Full Last Name	First Name	Middle Name	Suffix
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**Date of Birth                      Medical School of Graduation**

(mm/dd/yyyy)	
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**TIMELINE OF ACTIVITIES**

Provide a written chronological description of all your professional and non-professional activities. Include a detailed description of your duties and responsibilities for all externship, observership, or volunteer activities. Dates shall be reported in chronological order in month/year (mm/yyyy) format.

**Physician and Surgeon applicants**, a timeline of activities (TOA) is needed from medical school graduation to present.

**Transition applicants**, a TOA is needed if there is a gap in training since the date your postgraduate training license was issued.

**Postgraduate Training License applicants**, a TOA is needed if there is a gap of more than three (3) months between the graduation date and the start of postgraduate training.

**Location**

Facility Name	Supervisor	Start Date	End Date
Facility Address			
Activities, duties, and/or responsibilities			

**Location**

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Facility Address			
Activities, duties, and/or responsibilities			

**Location**

Facility Name	Supervisor	Start Date	End Date
Facility Address			
Activities, duties, and/or responsibilities			

**SIGN LEGAL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Signature is not required if submitting the form via BreZe.**