



APPLICANT INFORMATION

Legal Name

| | | | |
|----------------|------------|-------------|--------|
| Full Last Name | First Name | Middle Name | Suffix |
|----------------|------------|-------------|--------|

Date of Birth U.S. SSN or ITIN Medical School of Graduation

| | | |
|--------------|-----------------|--|
| (mm/dd/yyyy) | (Last 4 digits) | |
|--------------|-----------------|--|

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 | |

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

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

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

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

Applicant's signature and date are required

Form **TOA**