

House Staff Forwarding Address Form

1. Physician's Name:

(Please Print legibly) Title (MD/DO/MBBS)

Program _____ Winthrop ID#: _____

2. Forwarding Address (this information **must** be completed in order to forward your W-2)

3. Phone Number: () _____

Business Number: () _____

Other Number: () _____

4. E-Mail Address: _____

(Note: we will be using this email address for future correspondence. Please notify us if there are any changes.)

5. Please initial after each statement to approve:

- Future applicants who have graduated from my medical school may contact me regarding the training I received at Winthrop. _____
- Winthrop graduates may contact me for future employment/fellowship opportunities in my area. _____

6. After leaving Winthrop-University Hospital, I will be (**Check One**)

Continuing my Graduate Medical Education

Title of Residency or Subspecialty Residency: _____

Name of Hospital: _____

Address of Hospital: _____

Entering Solo Practice

Address: _____

Entering Partnership or Group Practice

Name of Group: _____

Address: _____

Other (Please State) _____