**UNITED STATES NAVAL HOSPITAL**

**OKINAWA, JAPAN**

**SUMMER EXPERIENCE 2025**

**APPLICATION**

# Name: Click here to enter text.

# Gender: Click here to enter text.

# Nationality: Click here to enter text.

# Address: Click here to enter text.

# Name (Kanji): Click here to enter text.

# Address (Kanji): Click here to enter text.

# Email: Click here to enter text.

**Home Phone: Click here to enter text.**

**Cell Phone: Click here to enter text.**

## Hometown: Click here to enter text.

**Date of Birth: Click here to enter a date.**

**Current Employment:** Click here to enter text.

**Address:** Click here to enter text.

**Telephone:** Click here to enter text.

**Medical School: Click here to enter text.**

**Address: Click here to enter text.**

**Telephone: Click here to enter text.**

**Graduation date: Click here to enter a date.**

**(or expected date)**

**Honors and research: Click here to enter text.**

**Answer following questions (if applicable):**

**USMLE Scores**

**Step 1** Choose an item. **Score/Date: Click here to enter text.**

**Step 2** Choose an item. **Score/Date: Click here to enter text.**

**Step 3** Choose an item. **Score/Date: Click here to enter text.**

**Preferred week(s) for extern rotation. Please rank all acceptable options using pull-down menu.**

Week 1: 7 to 9 July Choose an item.

Week 1: 10 to 11 July Choose an item.

Week 2: 14 to 16 July Choose an item.

Week 2: 17 to 18 July Choose an item.

**Which departments are you interested in rotating with? (select up to 3)**

Internal Medicine Choose an item.

Pediatrics Choose an item.

Family medicine Choose an item.

Obstetrics and Gynecology Choose an item.

Emergency Medicine Choose an item.

General Surgery Choose an item.

Orthopedic Surgery Choose an item.

Anesthesiology Choose an item.

Urology Choose an item.

Dermatology Choose an item.

Ophthalmology Choose an item.

Otolaryngology (ENT) Choose an item.

Neurology Choose an item.

Neuro Surgery Choose an item.

Radiology Choose an item.

Pathology Choose an item.

Mental HealthChoose an item.

**If necessary, may we contact you for a telephone interview?**

**Click here to enter text.**

Are you interested in applying for the Japanese Postgraduate Physician Program (Fellowship) in this year?

Choose an item.

Please save this completed form under the name “Summer Experience Application (Year) (Your Name).”

**Email completed file as an attachment to**

[usn.butler.usnmrtc-okinawa.mbx.summer-experience@health.mil](mailto:usn.butler.usnmrtc-okinawa.mbx.summer-experience@health.mil)