

Applicant Statement of Educational Objectives (SEO)

Please complete all required fields and sign as indicated below.

APPLICANT INFORMATION

Applicant Name: _____ USMLE ID _____ MyIntealth ID _____
(Check the box next to the ID you are entering.)

Name of Proposed Training Program/Discipline: _____

Name of Proposed Host Institution: _____

Duration of Proposed Training Program: _____

APPLICANT STATEMENTS

Briefly describe your overall educational and professional objectives and how participation in the proposed training program relates to both.

Do you plan to engage in additional U.S. training beyond the period defined above?
If so, please detail additional plans for U.S. training, including intended overall training duration.

Briefly describe how the skills acquired through planned U.S. training will be applied upon return to your country of last legal permanent residence (LPR).

Applicant Signature:

Date:

*Upload the completed form and any attachments to the applicant's current sponsorship application via MyIntealth.
The documentation may be uploaded by the TPL or the EV physician.*