

**UNITED STATES AIR FORCE  
374 MEDICAL GROUP  
YOKOTA AIR BASE, JAPAN**

**JAPANESE PHYSICIAN FELLOWSHIP PROGRAM  
(JPFP)**

**APPLICATION 2019-2020 CYCLE**

**Name:**

**Gender**

**Address:**

**Name (Kanji):**

**Address (Kanji):**

**Email:**

**Telephone**

**Home:**

**Cell:**

**Hometown:**

**Date of Birth**

**(dd/mm/yyyy:**

**Medical University:**

**Address:**

**Telephone:**

**Graduation date:**

**(or expected date)**

**Honors and research:**

**USMLE Scores (If available)**

**Step 1**

**Score:**

**Step 2**

**Score:**

**TOEIC score (If available): 740 or higher, or  
equivalent level Score:**

**HAVE YOU EVER TAKEN TIME OFF OR HAD A LEAVE OF ABSENCE FROM  
YOUR UNIVERSITY FOR MEDICAL, PSYCHIATRIC, OR PERSONAL  
REASONS? IF YES, PLEASE EXPLAIN IN DETAIL.**

**Please tell us about yourself in a personal statement of approximately 1-2 pages in length.  
Include information about how training at the 374 Medical Group Hospital relates to your  
personal goals.**

**Please include a recent photograph of yourself in passport style. Official passport photo  
not required.**

**Email completed file as an attachment**