# UCLA MEDICAL CENTER
## HOUSE STAFF IDENTIFICATION RECORD

PLEASE PRINT

**EMPLOYEE**

| NAME (LAST) (FIRST) (MIDDLE) | | | DATE |
|---|---|---|---|
| BIRTHDATE (MM/DD/YY) / / | SOCIAL SECURITY NO. - - | PLACE OF BIRTH (COUNTRY/STATE) / | |
| STREET ADDRESS | | | |
| CITY | STATE | ZIP | SEX |
| HOME TELEPHONE ( ) | MOTHER'S MAIDEN NAME | | |
| WEDDING DATE (if married after joining housestaff) | MAIDEN OR BIRTH NAME | | |
| DEPARTMENT | DIVISION | | |
| **APPOINTMENT DATE** | **END DATE** | | |
| MEDICAL SCHOOL ATTENDED | CITY/STATE | | |

| Graduation(MM/YY) | Years of Completed U.S Medical School | CALIFORNIA STATE MEDICAL LICENSE NO.(if applicable) | EXPIRATION DATE |
|---|---|---|---|
| | | DEA REGISTRATION NO. | EXPIRATION DATE |

FOREIGN MEDICAL SCHOOL GRADUATES:

ECFMG CERTIFICATE # DATE ISSUED (MM/YY)

**SPOUSE or SAME SEX DOMESTIC PARTNER**

| NAME (LAST) (FIRST) (MIDDLE) | | SEX |
|---|---|---|
| BIRTHDATE (MM/DD/YY) / / | SOCIAL SECURITY NO. - - | |
| MAIDEN NAME | MOTHER'S MAIDEN NAME | |
| EMPLOYER NAME & ADDRESS | | |
| SPOUSE'S INSURANCE CARRIER/ADDRESS | | |

**CHILDREN**

| NAME | SEX | BIRTHDATE | BORN AT UCLA? | |
|---|---|---|---|---|
| | | | | |
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**PLEASE RETURN THIS FORM TO:** Sharina Kumar, GME Office
Room B713 RRUCLA
Ronald Reagan UCLA Medical Center
Los Angeles, CA 90095-7419

Physician ID #_____