UNITED STATES NAVAL HOSPITAL
YOKOSUKA, JAPAN
2026 JAPANESE EXTERNSHIP PROGRAM APPLICATION

Picture
(any size is acceptable)

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.
(MM/DD/YYYY)

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)
(MM/DD/YYYY)

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.

Preferred week(s) for extern rotation. Please rank <u>all acceptable</u> options using pull-down menu.

Week 1: 22 to 26 June	Choose an item.
Week 2: 6 to 10 July	Choose an item.
Week 3: 13 to 17 July	Choose an item.
Week 4: 20 to 24 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.
Radiology	Choose an item.
Pathology	Choose an item.
Mental Health	Choose an item.

If necessary, may we contact you for a telephone interview?
Click here to enter text.

Please tell us about yourself in a personal statement of approximately 1 page in length. Include information about how training at USNH help attain your personal goals.
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 "Extern application (Year) (Your Name)" and send it through DoD Safe with other documents (refer to 'Program Overview, Instructions, and Date').