

# Explanation of Other Activities During Medical Education

Please provide a complete, specific explanation regarding any other training or breaks between the beginning of your medical education and the final year of your postgraduate training. Dates should be reported in mm/yyyy format.

From Date

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M M Y Y Y Y

Activity

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To Date

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From Date

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Activity

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To Date

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To Date

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From Date

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Activity

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To Date

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From Date

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Activity

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To Date

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M M Y Y Y Y

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Signature (Physician Applicant)/Date \_\_\_\_\_

FCVS Packet ID Number