

the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.)

Type of intended primary specialty practice in Tennessee:

**West Cancer Center, Germantown**

Have you previously applied for a medical license in Tennessee?

**No**

### **Educational Information**

Name of educational institution attended:

**University of Bochum**

City:

**Bochum**

State:

**Other, please specify**

Other, please specify:

**Germany**

Degree/certificate earned:

**MD**

Program Major:

**Medicine**

Graduation date of education program:

**11/12/1987 (mm/dd/yyyy)**

### **Postgraduate Training History 1**

Educational Institution where you completed your postgraduate training:

**University of Essen, West German Tumorcenter, Residency Internal Medicine**

City where the postgraduate training was completed:

**Essen**

State or Country where the postgraduate training was completed:

**Other, please specify**

If chose other, please specify:

**Germany**

Date Started:

**04/05/1988 (mm/dd/yyyy)**

Date Ended:

**11/30/1989 (mm/dd/yyyy)**

Specify the total number of years you have spent in postgraduate medical training:

**8**

### **Postgraduate Training History 2**

Educational Institution where you completed your postgraduate training:

**University of Essen, Residency Pathology**

City where the postgraduate training was completed:

**Essen**