



# Application for Fellowship Training Program

Division: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (City/State/Country): \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Name and Address of Nearest Relative: \_\_\_\_\_

Relation: \_\_\_\_\_

### EDUCATION:

Undergraduate: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Graduate: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Medical School: \_\_\_\_\_ Year Completed: \_\_\_\_\_

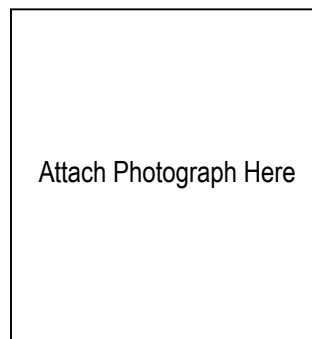
Please provide a brief description of medical training and experience since graduation. Attach CV to application.

Do you have a South Carolina license?  Yes  No

License No: \_\_\_\_\_

DEA No.: \_\_\_\_\_

Please attach a recent photograph to this application.



**MILITARY STATUS:**

Please indicate previous/present military service and rank classification.

---

---

---

Are you eligible for VA benefits?     Yes     No

**HEALTH STATUS:**

Please describe your current health status.

---

---

---

**REFERENCES:**

We require three letters of recommendation to complete this application. Please request letters from and list below three supervising physicians with whom you have worked. Please include your program director and at least one supervising physician from the subspecialty you are applying for.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**USMLE SCORES:**

**FOR ALL GRADUATES OF MEDICAL SCHOOLS OUTSIDE OF THE UNITED STATES AND CANADA**

**Note:** All foreign graduates must pass the ECFMG and VQE and meet eligibility requirements for licensure in South Carolina before interviewing.

ECFMG Certificate No. : \_\_\_\_\_ Date of Issue: \_\_\_\_\_     Standard     Temporary

Type of Visa: \_\_\_\_\_ Visa No.: \_\_\_\_\_

We would like to thank you for your interest in our academic fellowship training program. Please sign this application verifying that all information provided herein is accurate to the best of your knowledge. Return the original along with your CV and a recent photograph to the address stated below. Be sure to retain a copy of this document for your records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Send application to:

