

UC San Diego

SCHOOL OF MEDICINE

APPLICATION FOR FELLOWSHIP

Fellowship Year:		Today's Date:	
Subspecialty:			
APPLICANT DATA			
Last Name:	First Name:		Middle Initial:
Birth Date:	Social Security Number:		Gender: M F
Address:		Country:	
Email Address:	Home Phone:	Cell Phone:	Pager:
Note: No addresses with .edu, .net, or .org			
Citizenship: US Non-US	Non-US Citizens		
Place of birth (City, Country):	Visa Type/Non-Immigration Status (J1, H1, F1, etc): Expiration Date: Note: Proof of visa must accompany application.	Permanent Resident: Yes No N/A	
EDUCATION			
Premedical College:	City and State:		Degree: Completed:
Medical School:	City and State:		Degree: Completed:
TRAINING			
Internship Institution:	Type of Training:		Date Range:
Residency Institution:	Type of Training:		Date Range:
Fellowship Institution:	Type of Training:		Date Range:

Other education, training, or hospital research (Please list chronologically, and include your present position):

Institution Name and Address:	Type of Training:	Date Range:
Institution Name and Address:	Type of Training:	Date Range:
Institution Name and Address:	Type of Training:	Date Range:

Please explain all breaks in service. Attach additional pages, if necessary.

EXAMS

USMLE of LCC Exams:

Note: Copies of USMLE/LMCC must accompany application.

Step 1 Date Taken:	Step 2CK Date Taken:	Step 2CS Date Taken:	Step 3 Date Taken:
Result:	Result:	Result:	Result:
COMLEX:	Date Taken:	Result:	Location:

If foreign trained, do you have ECFMG Certification? Yes No N/A

Note: Copies of ECFMG must accompany application.

ECFMG Certificate Number:	Year Completed:	Location:
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American Board of Radiology Exam

Core: Yes No N/A	Certification: Yes No Other
Date Taken:	Date Taken: If "other," please explain:

State/s in which you are licensed to practice medicine:

State:	License Number:	Expiration Date:
State:	License Number:	Expiration Date:
State:	License Number:	Expiration Date:

REFERENCES

Physician Name	Title	Institution	Email
1.			
2.			
3.			

Please print and sign the completed application, and include it with your supporting documents.

Signature _____ Date _____