



Section of Endocrinology, Diabetes, & Metabolism
5841 South Maryland Avenue, MC1027
Chicago, Illinois 60637
(773)702-7936 Phone
(773) 834-0486 Fax

Application for Fellowship

Beginning Date:

Name: _____
Last First Middle

Mailing Address: _____
Street Apt. No.
_____ City State Zip Code Country

E-Mail Address: _____

Telephone: (____) _____ (____) _____
Day Evening

Resident Status: ____ U.S. Citizen ____ Permanent Resident ____ Hold J1 Visa ____ Hold H1 Visa

Current Position: _____
Title Employer

REQUIREMENTS

A. Letters of recommendation are required from four individuals familiar with your interests and abilities (preferably as your supervisor). Please specify the name & title of each reference:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

B. Please submit a 1-2 page personal statement which includes your:

- 1. Clinical Interests
- 2. Research Interests
- 3. Reasons for pursuing additional hypertension training and
- 4. Plans upon completion of fellowship

C. Please submit a curriculum vitae which includes your training, academic degrees, honors, societies, etc.

D. USMLE / Valid ECFMG Certificate.

Please send applications to: Barbara Brisky, Administrative Assistant, Hypertension Center, Section of Endocrinology, Diabetes, & Metabolism, MC 1027, The University of Chicago, 5841 S. Maryland Avenue, Chicago, Illinois 60637

Letters of recommendation should be sent to: George Bakris, MD, Director, Hypertension Center, Section of Endocrinology, Diabetes, & Metabolism, MC 1027, The University of Chicago, 5841 S. Maryland Avenue, Chicago, IL 60637