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**General Internal Medicine Fellowship Application**

**I. Personal Data**

|  |  |
| --- | --- |
| Name/Degrees |   |
| Home Address |   |
| Telephone (Daytime) |   | Telephone (Home) |   |
| Email |   |

Are you a citizen of the United States, a non-citizen U.S. national, or permanent resident (I-551 or I-151)?

Please check your response: Yes [ ]  No [ ]

If you are a graduate of a foreign medical school (except Canada), you are required to be certified by the Educational Council for Foreign Medical Graduates. If you are certified, indicate below:

Standard Certificate Number: Date of passing ECFMG exam: 

Photocopy of certificate must be attached to application.

Do you have any disabilities or limitations that would prevent you from performing the responsibilities of this fellowship? Yes [ ]  No [ ]

**II. Education, Licensure, and Experience**

|  |  |  |
| --- | --- | --- |
| Institution | Degree Awarded(Ex: BA, MD, PhD) | Month/Year Awarded |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

Residency and Internship Training:

|  |  |  |
| --- | --- | --- |
| Type | Institution | Years |
|   |   |   |
|   |   |   |
|   |   |   |

Fellowships (Type) and/or prior Post-Doc Positions (PI):

|  |  |  |
| --- | --- | --- |
| Type/PI | Institution | Years |
|   |   |   |
|   |   |   |

If you have had a previous fellowship, was it funded by a National Research Service Award (NRSA)?

Yes [ ]  No [ ]  If yes, years funded: 

Have your privileges at any hospital or other facility ever been denied, limited, suspended, revoked, or not renewed? And/or have you ever been denied membership or a renewal therein or been subjected to disciplinary proceedings in any hospital or medical organization?

Yes [ ]  No [ ]  If yes, please give full details on separate sheet.

Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked?

Yes [ ]  No [ ]  If yes, please give full details on separate sheet.

Have you ever voluntarily relinquished your license?

Yes [ ]  No [ ]  If yes, please give full details on separate sheet.

National and state board examinations:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | State | Number | Pass/Fail |
|   |   |   |   |
|   |   |   |   |

**III. Research and Career Plans**

Do you plan to take a subspecialty fellowship in the future? Yes [ ]  No [ ]

Please specify: 

Do you plan to earn any further degrees in the future? Yes [ ]  No [ ]

Please specify: 

Describe your general area of research interest (include names of potential mentors, if known):



Briefly describe your long-term goals including the position you think you would want after completing the Fellowship Program.



If you have published, please list your publications (articles, books, and/or monographs). You may attach a list of your publications if one is available. Abstracts and publications should be separated.

**IV. Next Steps**

Please tell us how you heard about the fellowship:

[ ]  Society website [ ]  Advertisement in Journal (please specify): 

[ ]  Friend/Associate [ ]  University of Chicago website [ ]  Other (please specify): 

**Please send completed form, CV and any attachments to** **mealey@medicine.bsd.uchicago.edu****.**