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**General Internal Medicine Fellowship Application**

**I. Personal Data**

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| --- | --- | --- | --- |
| 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**](mailto:mealey@medicine.bsd.uchicago.edu)**.**