



THE UNIVERSITY OF CHICAGO

DEPARTMENT OF MEDICINE

SECTION OF NEPHROLOGY/HYPERTENSION FELLOWSHIP

5841 S. MARYLAND AVENUE, MC 5100

CHICAGO, IL 60637

APPLICATION FOR HYPERTENSION FELLOWSHIP
For Training Period' July 1, 20\_ to June 30, 20\_

APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M. I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pager \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

CITIZENSHIP

Citizenship (please check one) U.S. Citizen
Permanent Resident

If not a citizen or permanent resident, please give visa status

EDUCATION

Undergraduate \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Medical School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Honors and Awards \_\_\_\_\_

Degree Upon Completion \_\_\_\_\_

Relative Class Rank \_\_\_\_\_

Internship \_\_\_\_\_ Inclusive Dates \_\_\_\_\_

Residency \_\_\_\_\_ Inclusive Dates \_\_\_\_\_

Board Eligible or Board Certified \_\_\_\_\_

USMLE Scores

Part I \_\_\_\_\_ Part II \_\_\_\_\_ Part III \_\_\_\_\_

ECFMG Certificate No. \_\_\_\_\_ ECFMG Issue Date: \_\_\_\_\_

Please provide a hard copy of the USMLE Scores and your ECFMG Certificate.



THE UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS  
DEPARTMENT/SECTION NAME  
5841 S. MARYLAND AVENUE, MC 5100  
CHICAGO, IL 60637

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**EXPERIENCE**

Hospital and Research Practical Experience (use additional sheet if necessary)

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**NOTE: You may complete and submit your application electronically. However, before your application will be considered we must have the following'**

- 1) Completed and signed hard copy of the application (please do not leave any items blank)
  - 2) Curriculum Vitae
  - 3) Personal Statement that delineates your career plans and gives us a brief biography
  - 4) Hard copies of your USMLE Scores
  - 5) A copy of your ECFMG certificate if you are a foreign medical graduate
  - 6) Three letters of recommendation addressed to Mohammed A. Rafey , MD, Director, Hypertension Fellowship
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Please send completed application to.

Mohammed A. Rafey, MD  
University of Chicago  
Department of Medicine  
Section of Nephrology  
5841 S. Maryland Ave., MC5100  
Chicago, IL 60637— 1470  
Telephone 773—702—3630  
Fax 773—703—3630  
Email: Mohammed.Rafey@bsd.uchicago.edu

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Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_