

# Application Form

## Geriatric Fellowship Training



Reply to: Teena Geiger  
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**Deadline: October 1, 2008 for July 2009 term**

# APPLICATION FOR FELLOWSHIP TRAINING

**Deadline: October 1, 2008 for July 2009 term**

Complete all sections. Print or type all entries. If space provided is insufficient, please provide full details on separate sheet of paper. Please include your curriculum vitae and **please do not staple documents.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Ethnicity:  American Indian  Asian  African-American  Hispanic  
 Caucasian  Other \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, do you have a visa that allows employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate what type of visa \_\_\_\_\_

## **EDUCATION**

College/University \_\_\_\_\_

Dates \_\_\_\_\_ Major \_\_\_\_\_ Degree Granted \_\_\_\_\_

College/University \_\_\_\_\_

Dates \_\_\_\_\_ Major \_\_\_\_\_ Degree Granted \_\_\_\_\_

## **MEDICAL EDUCATION**

Medical School \_\_\_\_\_

Dates \_\_\_\_\_

**Please request that each of your graduate education schools send an official copy of your transcript directly to this office.**

## **RESIDENCY**

Hospital \_\_\_\_\_

Dates \_\_\_\_\_ Type \_\_\_\_\_

Name of Program Director \_\_\_\_\_

**PERSONAL STATEMENT** – Please complete the personal statement form (see next page).

In your personal statement please indicate your expectations for this fellowship program and your professional goals upon completion of this fellowship.

**PROFESSIONAL REFERENCES**

Please provide the names, addresses, and telephone numbers of three referees. Please ask them to mail the references directly to this office.

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Indicate preferred starting date: \_\_\_\_\_

**Please be certain to send us your medical school transcripts and ECFMG documentation.**

**PERSONAL STATEMENT**

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void this application and will be cause for discharge. I understand that any offer of employment tendered me is contingent upon my agreement to abide by the rules and regulations of The University of Texas Southwestern Medical Center. I authorize you to contact referees and former employers.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only**

Application Received _____	File Completed _____
Committee Route _____	Recommendation _____
Notification to Applicant _____	

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Please attach  
photo here