

RESEARCH/CLINICAL FELLOWSHIP IN GASTROENTEROLOGY AND HEPATOLOGY

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS

Southwestern Medical School

Application Form for Training Starting 200_

Please Print or Type

Research / Clinical Fellowship in Gastroenterology and Hepatology

Name of program to which you are applying

Date this form completed

PERSONAL DATA

Last Name First Name Middle Initial

Permanent Address:

City State Zip Code

Home Telephone Work Telephone

E-mail Address Social Security Number

Place of Birth Date of Birth

Country of Citizenship

If not US, what is your visa status: Permanent Resident _____ J1: _____ H1: _____ Other: _____

Issue Date: _____ Expiration Date: _____

USMLE SCORES

_____ Step I _____ Step II _____ Step III
Raw/Percentile Raw/Percentile Raw/Percentile

EDUCATION	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE AWARDED
College				
Medical School				
Graduate School				

Attach Photo
(optional but recommended)

Mail completed form to: John M. Dietschy, M.D.
Division of Digestive and Liver Diseases
Department of Internal Medicine
UT Southwestern Medical School
Dallas, TX 75390-8887

POSTGRADUATE TRAINING	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	TYPE OF TRAINING
Internship				
Residency				

LICENSURE

STATE	DATE OF ISSUE	EXPIRATION DATE	NUMBER

Have you ever been denied a license, permit or privilege of taking an examination by any licensing authority?

_____ Yes _____ No

Have you ever had a license or permit encumbered in any way (i.e. revoked, suspended, surrendered, restricted, limited, placed on probation)?

_____ Yes _____ No

Have you ever been named in a malpractice suit?

_____ Yes _____ No

If you answered yes to any of these questions, please attach a detailed explanation.

CERTIFICATION

Board

Year of Certification

HONORS

Attach a separate page if necessary; DO NOT write "see C.V."

PERSONAL STATEMENT

On a separate page, outline your interests in GI/Hepatology. Include a description of your career goals after the completion of your fellowship training.

REFERENCES

Three original letters of recommendation are required; photocopies are not acceptable. One letter must be from the Chief of Service, or Program Director, of all accredited US residencies in which you have served.

Name

Position/Title

Name

Position/Title

Name

Position/Title

ADDITIONAL DOCUMENTATION

Copy of Medical School Transcript

Copy of USMLE Scores

Copy of Medical School Diploma

Curriculum Vitae

Signature

Date