UC San Diego
SCHOOL OF MEDICINE

APPLICATION FOR FELLOWSHIP

Fellowship Year:		Today's Date:	
Subspecialty:			
APPLICANT DATA			
Last Name:	First Name:	Middle Initial:	
Birth Date:	Social Security Number:	Gender: ◯M ◉F	
Address:		Country:	
Email Address: ***Note: No addresses with .edu, .net, or .org***	Home Phone:	Cell Phone:	Pager:
Citizenship: ◉US ◯Non-US Place of birth (City, Country):	Non-US Citizens Visa Type/Non-Immigration Status (J1, H1, F1, etc): Expiration Date: ***Note: Proof of visa must accompany application.***	Permanent Resident: ◯Yes ◯No ◉N/A	
EDUCATION			
Premedical College:	City and State:	Degree:	Completed
Medical School:	City and State:	Degree:	Completed
TRAINING			
Internship Institution:	Type of Training:	Date Range:	
Residency Institution:	Type of Training:	Date Range:	
Fellowship Institution:	Type of Training:	Date Range:	

Other education, training, or hospital research (Please list chronologically, and include your present position):		
Institution Name and Address:	Type of Training:	Date Range:
Institution Name and Address:	Type of Training:	Date Range:
Institution Name and Address:	Type of Training:	Date Range:
Please explain all breaks in service. Attach additional pages, if necessary.		

EXAMS

USMLE of LCC Exams:
Note: Copies of USMLE/LMCC must accompany application.

Step 1 Date Taken: Result:	**Step 2CK** Date Taken: Result:	**Step 2CS** Date Taken: Result:	**Step 3** Date Taken: Result:
COMLEX:	Date Taken:	Result:	Location:

If foreign trained, **do you have ECFMG Certification?** ◯Yes ◯No ◯N/A
Note: Copies of ECFMG must accompany application.

ECFMG Certificate Number:	Year Completed:	Location:

American Board of Radiology Exam

Core: ◯Yes ◯No ◯N/A Date Taken:	Certification: ◯Yes ◯No ◯Other Date Taken: If "other," please explain:

State/s in which you are licensed to practice medicine:

State:	License Number:	Expiration Date:
State:	License Number:	Expiration Date:
State:	License Number:	Expiration Date:

REFERENCES			
Physician Name	Title	Institution	Email
1.			
2.			
3.			

Please print and sign the completed application, and include it with your supporting documents.

Signature_____**Date**_____