

University of Pittsburgh School of Medicine
 Department of Medicine
 Division of Pulmonary, Allergy and Critical Care Medicine
 Fellowship Program

Matthew Morrell, MD, Director Transplant Fellowship

APPLICATION

Please type or print

NAME: _____

SEX: _____ MALE _____ FEMALE DATE OF BIRTH: _____/_____/_____

CITIZENSHIP: _____ VISA STATUS: _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____

WORK ADDRESS: _____

WORK PHONE NUMBER: _____ PAGER: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

EDUCATION

Training	Institution	Location	Degree	Years
Undergraduate Education				
Medical Education				
PGY1				
PGY2				
PGY3				
Others:				

USMLE SCORES

(Please attach)

Year	Part 1	Part 2	Part 3

MEDICAL LICENSE(S)

State	Type	License #	Year Obtained	Year Expired

Please list awards, and honors.

Please list all publications.

Please list laboratory or research positions held.

Please list your interests and activities.

REFERENCES

Please have three faculty members and your Residency Program Director or Department Chairman send a letter of recommendation. List the name, title, address, and phone number of each person in the spaces provided.

1. Name: _____

Title: _____

Address: _____

Business Phone: _____

2. Name: _____

Title: _____

Address: _____

Business Phone: _____

3. Name: _____

Title: _____

Address: _____

Business Phone: _____

4. Name: _____

Title: _____

Address: _____

Business Phone: _____

On a separate sheet of paper, please write a personal statement telling us about yourself and your career goals, why you are interested in a career in Pulmonary Transplant Medicine, and why you are interested in the fellowship program at the University Health Centers of Pittsburgh.

Please submit a recent photo.

Send your completed application and letters of recommendation to:

**Fellowship Program Coordinator
University Health Centers of Pittsburgh
628 NW UPMC-Montefiore
3459 Fifth Avenue
Pittsburgh, PA 15213**

Email address: paccmfellowship@upmc.edu

Phone: 412 692 2118

Fax: 412 692 2260