

**TRANSPLANT HEPATOLOGY FELLOWSHIP
APPLICATION
UNIVERSITY OF PITTSBURGH MEDICAL CENTER**
Please Print or Type

General Information

Last Name: _____

First Name: _____

Middle Initial: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Preferred Phone: _____

Email: _____

Place of Birth: _____

Date of Birth: _____

Citizenship: _____

Current Visa/Employment Authorization Status:

Permanent Resident J1 H1 Other

Issue Date: _____ Expiration Date: _____

Misdemeanor Conviction in the United States? Yes No

Felony Conviction in the United States? Yes No

Limitations? Yes No

Medical Licensure

ACLS: Yes No Expiration: _____

BLS: Yes No Expiration: _____

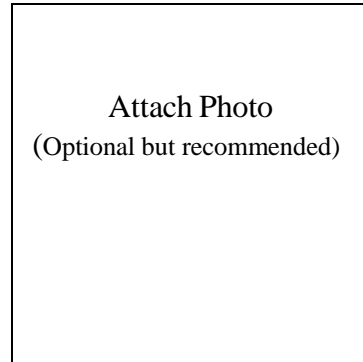
Board Certification: Yes No Name: _____ Year: _____

Medical Licensure Suspended/Revoked/Voluntarily Terminated? Yes No

Ever Named in a Malpractice Suit? Yes No

Past History? Yes No

If you answered yes to any of the above, please explain in detail:



State Medical Licenses

Type	Number	State	Exp. Date

Education

	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE AWARDED
Graduate				
Undergraduate				
Medical School				

Postgraduate Training

	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE AWARDED
Internship				
Residency				
Fellowship				

USMLE Scores	Step I	Step II	Step III

References

Three original letters of recommendation are required, photocopies are not acceptable. One letter must be from the Program Director of accredited GI Fellowship in which you served.

Name	Position/Title
1. _____	_____
2. _____	_____
3. _____	_____

Please attach the following:

- Copy of Medical School Diploma
- Copy of USMLE Scores
- Curriculum Vitae
- Personal Statement
- Letters of Recommendation (3)
- ECFMG Certificate (if applicable)

Signature: _____ Date: _____