

# Standard Application for Non-ACGME Fellowship at Moffitt

Subspecialty Program:		Starting Date	
Name: Last	First		Middle Init
Date of Birth:			
Address:			
Telephone (Home):			
Telephone (Work):			
NPI:			
E-mail:			
Citizenship			
Voluntary Self-Identification	please select all groups you consider yourself to be a member: African American or Black Caucasian or White Hispanic or Latino Native American Other		Asian Prefer not to answer
No VISA Type Sponsored (J1, H1, F1, etc.)		Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	Other:
<b>Education:</b>			
Pre-medical College:		Degree:	Year Completed:
Medical School:		Degree:	Year Completed:
If foreign trained: ECFMG EXAM:	where:	Date:	Cert No.
USMLE or COMLEX EXAM SCORES: <i>transcripts must be included</i>	Step 1:	Step 2:	Step 3:
<b>STATES IN WHICH YOU ARE CURRENTLY LICENSED TO PRACTICE MEDICINE:</b>			
State:	License #:	Expiration Date:	
Have you ever been denied or lost a state license?      Yes      No      If yes, explain why:			
<b>Training:</b>			
Residency Program			
Sponsoring Institution:		Chief year:	Dates:
Other education, training or hospital research : (please list in chronological order, including your present position)			
Name:	Address:	Type of Training:	Dates:
Name:	Address:	Type of Training:	Dates:
Name:	Address:	Type of Training:	Dates:
Name:	Address:	Type of Training:	Dates:
<b>REFERENCES: please list the names and institutions of three physicians who will be writing letters for you:</b>			
1:			
2:			
3:			
Date:	(Signed) _____		
<small>I certify that the information given and attached is true, accurate and complete. Be advised, any inaccuracies within this application could disqualify your candidacy.</small>			
Please send this cover sheet with a copy of your <b>CV</b> and a <b>personal statement</b> to the fellowship director at the address specified by the program. One of the letters of recommendation must be from your program director. Please note some programs, in addition, require copies of your <b>Dean's letter</b> , <b>USMLE transcript</b> and/or <b>proof of graduation from medical school</b> . Click on each box to enter your information. You can then Save and Print your completed form.			