



APPLICATION FOR THE TRANSPLANT NEPHROLOGY FELLOWSHIP
TRAINING IN THE DEPARTMENT OF MEDICINE

_____ , _____

I hereby apply for the 1 year, renal transplant track as a Fellow at Indiana University School of Medicine
in the Department of Medicine, Division of Nephrology, beginning _____ , _____.

Name (please print) _____
Last First Middle

Usual Legal Signature _____

Present Address _____

Permanent Address _____

Telephone: Home _____

Work _____

Fax _____

Social Security Number _____

Education (Undergraduate and Graduate):

Table with 5 columns: School, City, State/Country, Dates, Degree. Contains three rows of blank lines for entry.

Training (Internship, Residency, Fellowship, Practice):

Table with 5 columns: School, City, State/Country, Dates, Degree. Contains three rows of blank lines for entry.

Board Eligibility: Yes No

Board Certification: Yes No

<i>If Yes:</i>	Board(s)	Number	Date Awarded

Medical Licenses:

State _____ Number _____

State _____ Number _____

DEA Number _____

Honors, Academic Societies, Awards: _____

Publications: _____

Military Service (*Dates, Service Rank, Present Status*): _____

In support of this application, I will submit:

- A. A copy of medical school diploma (translation, if necessary).
- B. An official medical school transcript.
- C. Letters from at least two faculty members and at least two others regarding graduate medical education.
- D. A brief state of special interest and career plan.

Optional Information:

Marital Status _____

Visa Status _____

Date of Birth _____

ECFMG# _____

Place of Birth _____

Ethnic Origin _____

Citizenship _____

Name of Spouse _____

Name and address of parent or relative who will know your address in the future:
