

NAME _____
(Last/Surname) (First) (Middle)

Present Home Address _____
(Street Address)

(City) (State) (Zip Code) (Country)

Telephone (include country code) _____
(Home) (Work)

e-mail _____ FAX (if available) _____

Medical School _____
(Institution) (Location) (Degree and Date Conferred)

Residencies/Fellowships _____
(use additional pages if necessary) (Institution) (Location) (Dates)

Current Position _____
(Institution) (Location) (Dates)

Citizenship: ____ US ____ OTHER _____ VISA/STATUS: _____

Position Desired: ____ Clinical Fellow (paid)* ____ Research Fellow (unpaid)

Desired Length of Fellowship: ____ 6 months ____ 1 year ____ 18 months ____ 2 years

Preferred Dates of Fellowship: _____

Please attach the following with your completed application:

- Statement of Personal and Professional Goals
- Medical School Transcript (certified copy)
- Residency Certificate(s) and English translation(s)
- Passport-Size Photo (1)
- Recommendation Letters (3) – must be on official stationery (no faxes will be accepted) and sent directly to: Director, Fellowship Program, ICLL, Sinai Hospital of Baltimore at the above address
- Curriculum Vitæ (include current work status)
- Medical School Diploma and English translation
- Copy of ECFMG Certification (if applicable)*
- USMLE Scores I & II or Equivalent (if applicable)*

MEDICAL/PERSONAL INFORMATION

1. Are you able to perform the essential functions of the post-graduate year position requested with or without reasonable accommodation?
 Yes No (please explain in “Comments” section of next page)
2. Have you ever been convicted of any criminal charges (other than minor traffic violations)?
 Yes (please explain in “Comments” section of next page) No

