

**APPLICATION FOR TRANSPLANT HEPATOLOGY FELLOWSHIP  
AT THE UNIVERSITY OF WASHINGTON, TO BEGIN JULY 2012**

**Name:** \_\_\_\_\_  
Last Name
First Name
Middle Initial

**Home Address:** \_\_\_\_\_ **Work Address:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ **US Visa Status:** \_\_\_\_\_

**EDUCATION**

Institution Name/Location	Dates	Degree
Undergraduate:		
Medical School:		
Graduate School:		

**RESIDENCY AND RESEARCH TRAINING**

Institution Name/Location	Dates
Internship:	
Residency:	
Fellowship:	
Research and Other Experience ( <i>e.g., practice, military service, PHS, etc</i> ):	

**Board Certification:** List the board and the date of certification.

**Honors, scholarships, grants you have received:**

**Membership in professional societies:**

**List the states in which you are licensed to practice medicine:**

**Do you have any illness or physical conditions which would interfere with your participation in our training program, including patient care?**     No     Yes

(If yes, explain in your essay)

**REFERENCES: we request the following as references:**

- 1) A copy of the Dean's letter or its equivalent from your medical school
- 2) A letter from the Chief of Medicine during your internship and/or residency
- 3) A letter from your Gastroenterology Fellowship Program Director
- 4) A letter from one other reference

Please list those who will be sending letters:

<b>Name and Title of Reference</b>	<b>Institution, Address, and Telephone Number</b>
Your Medical School Dean or Equivalent: <b>1.</b>	
Your Chief of Medicine: <b>2.</b>	
Your GI Program Head: <b>3.</b>	
Other Reference: <b>4.</b>	

Please request the above individuals to send the items to:

Jodi Bianchi  
Division of Gastroenterology  
University of Washington  
1959 NE Pacific Street  
Seattle, WA 98195-6424

**Checklist of Items to be included with this application form:**

- USMLE Score Sheets (copy of front and back sides)
- ESSAY: Attach a 1-2 page essay that discusses your ultimate professional objectives.
- PHOTOGRAPH: Attach a small, passport-type photograph with your application.

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_ / \_\_\_ / \_\_\_