



Fellowship Application

1. Fellowship Subspecialty of Interest: _____

2. Year of Interest: _____ (this training program begins 7/1 and ends 6/30)

3. Name _____
 (Last) (First) (Middle)

4. Present Address _____

5. Permanent Address _____

6. Phone Numbers _____
 Mobile/Cell Phone Home

7. Country of Citizenship _____ 8. E-mail: _____

If you are not a citizen of the United States, indicate type of visa.

a. Permanent Visa _____ b. J Visa (Exchange Visitor) _____ c. H-1b _____

9. Visa Expiration Date: _____

10. Are you certified by the Educational Commission for Foreign Medical Graduates (ECFMG?) Yes No N/A
 Date Certificate Issued: _____

Education

Medical/Dental School	Year of Graduation	Specialty	Date Completed
_____	_____	_____	_____
_____	_____	_____	_____

Internship/Residency/Fellowship	Specialty	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Research Experience _____

Last Name _____

Private Practice

Location _____ from _____ to _____

Location _____ from _____ to _____

Publications (Please submit copies if available. If space below is inadequate, continue on separate blank page.)

Scholarships, Prizes or Awards—Memberships in honorary and/or professional societies _____

Military Experience

Active Duty: In _____ Dates _____
Branch

Highest rank attained _____ Reserve Commission _____

I certify that the information contained within my application is complete and accurate to the best of my knowledge. I also understand that any false or missing information may disqualify me from consideration for a position or if employed, may constitute cause for termination from the program.

If an appointment is offered which I accept, I hereby agree and pledge myself as follows: 1. to serve during the entire term to which I may be appointed, and 2. to comply faithfully with the rules and regulations of The University of Iowa Hospitals and Clinics now in effect and those which may be adopted during my term of appointment.

Signed _____ Date _____

The University of Iowa Hospitals and Clinics requests this information for the purpose of processing your application for a position on our house staff. No persons outside the University are routinely provided this information without your consent. Responses to all items are required. If you fail to provide the required information, the University of Iowa Hospitals and Clinics may be unable to process your application.

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, visit Diversity at Iowa and Title IX: <https://diversity.uiowa.edu/policies/title-ix>.

Pursuant to the Campus Security Act, (Pub. L. 101-542), colleges and universities are required to provide information about crime and statistics. Prospective students and employees may review The University of Iowa Campus Security Policy and annual crime statistics at <http://www.uiowa.edu/~campussec/>.

People with disabilities are welcome at The University of Iowa where reasonable accommodations will be made upon request.