

The Johns Hopkins University
School of Medicine

APPLICATION FOR POSTDOCTORAL FELLOWSHIP
Division of Allergy and Clinical Immunology

				Date:	
Name:				Social Security Number:	
Preferred Mailing Address:				Telephone (Home):	
				Telephone (Work):	
				Other Contact Number:	
City	State	Zip	Email:		
Birthdate:				Birthplace:	
Citizenship:				Type of Visa:	Exp Date:
Marital Status:				Number and ages of Children:	
U.S. Military Service <input type="checkbox"/> Yes <input type="checkbox"/>				If yes, active duty from _____ to _____	
Branch:				Currently in Reserve Unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical License: State(s)				Date Exp:	No.:
National Board Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				Date:	Number:
Flex Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				Date:	Number:
If graduate of foreign medical school (except Canada & Puerto Rico) provide ECFMG information:					
Certificate Number:				Date:	Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Education					
Name & Address		Degree		Date Awarded	
College:					
Med or Grad School:					
List in chronological order without omission all positions held since completing medical/graduate school:					
Position	Where Held			Started Month/Year	Finished Month/Year

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List those whom you have asked to send letters of recommendation directly to Dr. N Franklin Adkinson/Dr. Bruce Bochner		
Name	Title/Relationship	Address
1		
2		
3		

Date official transcript requested from your medical or graduate school:

Date you wish Fellowship to begin: _____ Desired duration of fellowship: _____

Application is for fellowship training under Track: Allergy- Clinical Immunology
 (See program description) Research- Intensive Experience
Post-doctoral Laboratory Research

Describe briefly your career goals as you now see them:

Signature: _____

Submit completed application to Dr. N Franklin Adkinson, Training Program Director for A-CI Clinical Training or Dr. Bruce Bochner, Division Director and Program Director for non-Clinical Fellowships. Address for both: Johns Hopkins Asthma and Allergy Center, 5501 Hopkins Bayview Circle, Baltimore, MD, 21224-6801. A curriculum vitae, personal statement and copies of publications may be attached if desired.

Please see that the recommendations and transcripts are sent directly and promptly. Letters should include a comment on proficiency in English for applicants from a Non-English speaking country. No application will be considered until complete with supporting documents.

DO NOT COMPLETE BELOW THIS LINE:		Attach Photograph Here (Optional)
Date: rec'd Transcript	To Start Ref.1 2 3	
Initial Review		
Action:	Notified	
Decision:		

Note: Clinical training applications are accepted between Sept. 1 and Dec. 31 each year for training positions beginning on July 1, 18 months later. Research training applications are accepted at any time, but as far in advance of the desired start date as possible.