

The Johns Hopkins University School of Medicine
Division of Gastroenterology

APPLICATION FOR MEDICAL PANCREATOLOGY FELLOWSHIP
2022

Please type or print

PERSONAL:

NAME : _____
LAST FIRST MIDDLE

ADDRESS : _____
CITY STATE ZIP CODE

PERMANENT ADDRESS : _____

CITY STATE ZIP CODE

TELEPHONE HOME: () _____ OFFICE: () _____

NUMBERS: BEEPER () _____

FAX : () _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ BIRTHPLACE: _____

U.S. CITIZEN: _____ yes _____ no*
*if no, complete page 5

U.S. MILITARY STATUS: ___ Active ___ Reserve Branch: _____
Selective Service Classification: _____

PHOTOGRAPH:

Attach a recent photo here.

EDUCATION:

Foreign medical graduates must complete page 5. Copy of transcripts from medical school should be sent directly to Linda Welch.

COLLEGE	ADDRESS	DEGREE	DATE AWARDED
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MEDICAL SCHOOL ADDRESS	DEGREE	DATE AWARDED
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EXPERIENCE: (Residency & Fellowship)

In chronological order list all Post-Graduate positions since completing medical school (No omissions).

Dates From	To	Position	Name & Location of Institution	Supervisor

BOARD CERTIFICATION :

List specialties in which you are board certified or board eligible:

SPECIALTY: _____ YR. CERTIFIED ____ or YR. ELIGIBLE _____
Certificate #: _____

SUBSPECIALTY: _____ YR. CERTIFIED ____ or YR. ELIGIBLE _____
Certificate #: _____

LICENSURE:

FULL LICENSE #: _____ **Date:** _____ **State:** _____

LETTERS OF RECOMMENDATION:

Please ask four individuals to send a letter of recommendation commenting on your clinical competence, scientific background, achievements, and potential. Do not include letters with this application, but ask individuals writing on your behalf to mail letters directly to the Program Director at the address given on page 4. List their names and addresses here:

1.

2.

3.

4.

PUBLICATIONS: Please list on a separate sheet or include your C.V.

PRESENT AND FUTURE INTERESTS: On a separate sheet, please summarize in up to 300 words your present interests, plans for the future and any additional information that you think should be considered by the selection committee.

_____ *Date:*
Signature of Applicant

Checklist: All items are to be sent directly to Linda M. Welch at the address below.

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- ___ *Application with a copy of current CV, including recent photo.*
 - ___ *4 Original letters of recommendation.*
 - ___ *Original transcripts from College and Medical School.*
 - ___ *If from a non-English speaking country: a letter must be sent commenting on proficiency in English.*
 - ___ *Separate sheet with Publications*
 - ___ *Separate sheet with Present and Future Interests.*
 - ___ *Non-U.S. citizens and foreign Medical Graduates page 5.*
 - ___ *Personal Data Information form*

*Linda M. Welch
Fellowship Coordinator
Gastroenterology/Hepatology/Therapeutics/IBD/Motility/Transplant/Pancreatology
The Johns Hopkins Hospital
1830 E. Monument Street
Room 431
Baltimore, MD 21205
(410) 955-2635*

TO BE COMPLETED BY NON-U.S. CITIZENS AND FOREIGN MEDICAL GRADUATES.

ECFMG Number _____

Date passed VQE _____

Date passed FMGEMS _____ *Awaiting notification* _____

Date passed USMLE Step 1 _____ *Step 2* _____ *Step 3* _____

Are you currently in the United States on a Temporary Visa? Yes _____ No _____

Type of Visa _____ *Expiration:* _____

Personal Data Information

The Gastroenterology Division has a continuing commitment to monitoring the operation of its interview and application processes to detect, and deal appropriately with, any instances of real or apparent inequities with respect to age, race or ethnicity.

The Gastroenterology Division therefore requests that you complete the form below and attach it to the signed original of the application. The information will be separated from your application upon receipt and will not be used in the review process.

Providing this information is optional. If you decline to provide this information, it will no way affect consideration of your application.

.....
Race and/or Ethnic Origin (check one)

Note: The category that most closely reflects the individual's recognition in the community should be used for the purpose of reporting mixed racial and/or ethnic origins.

_____ **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintain a cultural identification through tribal affiliation or community recognition.

_____ **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

_____ **Black, not of Hispanic origin.** A person having origins in any of the black racial groups of Africa.

_____ **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **White, not of Hispanic origin.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ Check here if you do not wish to provide this information.