
MEDICAL SCHOOL ADDRESS

DEGREE

DATE AWARDED

EXPERIENCE: (Residency)

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

Dates	Position	Name & Location of	Supervisor
From	To	Institution	

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:** _____

Signature of Applicant *Date:* _____

— *Copy of Medical School Diploma*

*Linda M. Welch
Fellowship Coordinator for IBD Fellowship
The Johns Hopkins Hospital
1830 E. Monument Street
Room 431
Baltimore, MD 21205*

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:* _____

Please include a copy of your visa with your application materials

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.