



Johns Hopkins University  
School of Medicine  
Division of Gastroenterology & Hepatology

APPLICATION FOR GASTROENTEROLOGY NURSE PRACTITIONER FELLOWSHIP

**NAME:** \_\_\_\_\_  
Last First Middle

**ADDRESS:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

**PHONE**

HOME: (\_\_\_\_) \_\_\_\_\_ OFFICE: (\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **BIRTHPLACE:** \_\_\_\_\_

**SOCIAL SEC #:** \_\_\_\_\_ **MARITAL STATUS:** \_\_\_\_\_

**NUMBER OF DEPENDENTS:** \_\_\_\_\_ **U.S. CITIZEN:** \_\_\_ yes \_\_\_ no\*

**U.S. MILITARY STATUS:** \_\_\_ Active \_\_\_ Reserve

Branch: \_\_\_\_\_

Selective Service Classification: \_\_\_\_\_

**PHOTOGRAPH:** Attach a recent photo here or as an additional attachment



**EDUCATION:**

Original transcript(s) from graduate school to be sent directly to [gastroNPFellowship@jhmi.edu](mailto:gastroNPFellowship@jhmi.edu)

COLLEGE	ADDRESS	DEGREE	DATE AWARDED
GRADUATE SCHOOL	ADDRESS	DEGREE	DATE AWARDED

**EXPERIENCE:**

In chronological order, list all positions since completing your nurse practitioner program if applicable

Dates	Position	Name & Location Institution	Supervisor

**a) What aspects of GI at Johns Hopkins is of interest to you?**

---

---

---

**b) Describe any previous research experience, if applicable**

---

---

---

---



**CERTIFICATION:** List specialties in which you are certified:

SPECIALTY	YEAR CERTIFIED	CERTIFYING BODY
-----------	----------------	-----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

**LICENSURE:**

RN LICENSE #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. date: \_\_\_\_\_

NP LICENSE #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. date: \_\_\_\_\_

**LETTERS OF RECOMMENDATION:**

Please ask three individuals to send a letter of recommendation directly to [gastroNPfellowship@jhu.edu](mailto:gastroNPfellowship@jhu.edu) commenting on your clinical competence, educational background, achievements, and potential.

List their names and e-mail addresses here:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



**PRESENT AND FUTURE INTERESTS:** Describe why you are interested in postgraduate training, future goals in the field of gastroenterology and hepatology and any additional information you think should be considered by the selection committee.

---

Signature of Applicant

---

Date



## PERSONAL DATA INFORMATION

The Gastroenterology Division has a continuing commitment to monitoring the operation of its interview and application process 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 original signed 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.