

FELLOWSHIP APPLICATION

PLEASE FOLLOW ALL INSTRUCTIONS AS OUTLINED BELOW.

APPLICATION DEADLINE FOR THE UPCOMING FELLOWSHIP TRAINING YEAR:
MARCH 1, 2022

VIRTUAL INTERVIEWS WILL BE HELD IN MARCH 2022. APPLICANTS WILL BE INVITED TO
INTERVIEW ON A ROLLING BASIS.

THE FOLLOWING MATERIALS MUST BE INCLUDED:

- SIGNED AND COMPLETED APPLICATION
- COPY OF MEDICAL SCHOOL TRANSCRIPT
- VERIFICATION OF MEDICAL SCHOOL GRADUATION: COPY OF DIPLOMA
- VERIFICATION OF ATTENDANCE AT U.S. RESIDENCY PROGRAM: LETTER OF GOOD STANDING FROM DIRECTOR/HOSPITAL
- CURRENT CURRICULUM VITAE
- CURRENT PROFESSIONAL PHOTO
- THREE (3) LETTERS OF RECOMMENDATION AS FOLLOWS:
 - TWO (2) LETTERS OF REFERENCE FROM ATTENDING PHYSICIANS FAMILIAR WITH THE APPLICANT'S PERFORMANCE
 - ONE (1) LETTER FROM THE APPLICANT'S RESIDENCY PROGRAM DIRECTOR
- AUTHORIZATION TO WORK IN THE UNITED STATES: APPLICANTS WHO REQUIRE SPONSORSHIP NOW OR IN THE FUTURE WILL NOT BE CONSIDERED FOR THIS POSITION.

INSTRUCTIONS:

PLEASE TYPE OR LEGIBLY PRINT THE INFORMATION REQUESTED IN THIS APPLICATION.

YOUR APPLICATION WILL NOT BE PROCESSED OR CONSIDERED UNLESS ALL INFORMATION REQUESTED IS RECEIVED, INCLUDING LISTING OF REFERENCES.

APPLICANT DEMOGRAPHICS:

NAME: _____ TODAY'S DATE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DRIVER'S LICENSE NO: _____ ISSUE STATE/DATE: _____ EXPIRATION: _____

HOME ADDRESS: _____ HOME PHONE: () _____

WORK ADDRESS: _____ WORK PHONE: () _____

E-MAIL ADDRESS: _____ FAX: () _____

APPLICANT EDUCATION:

UNDERGRADUATE INSTITUTION: _____ DEGREE: _____

LOCATION: _____ DATES ATTENDED: _____

GRADUATE INSTITUTION: _____ DEGREE: _____

LOCATION: _____ DATES ATTENDED: _____

PODIATRIC MEDICAL SCHOOL: _____ DEGREE: _____

LOCATION: _____ DATES ATTENDED: _____

POST-GRADUATE TRAINING:

RESIDENCY: _____

LOCATION: _____ DATES ATTENDED: _____

RESIDENCY: _____

LOCATION: _____ DATES ATTENDED: _____

RESIDENCY: _____

LOCATION: _____ DATES ATTENDED: _____

MEDICAL LICENSES:

STATE: _____ NUMBER: _____ ISSUE DATE: _____ EXP DATE: _____

STATE: _____ NUMBER: _____ ISSUE DATE: _____ EXP DATE: _____

NATIONAL BOARD EXAMINATION RESULTS:

	PART I	PART II	PART III
DATE TAKEN			
PASS/FAIL			

REFERENCES:

RESIDENCY DIRECTOR: _____

WORK ADDRESS: _____

PHONE: _____

NAME: _____

WORK ADDRESS: _____

PHONE: _____

NAME: _____

WORK ADDRESS: _____

PHONE: _____

LEGAL HISTORY:

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE.

PRINT NAME

SIGNATURE

DATE

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