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| **YALE UNIVERSITY SCHOOL OF MEDICINE GENERAL INTERNAL MEDICINE CLINICIAN-EDUCATOR FELLOWSHIP**  Application Form |

**I. PERSONAL DATA**

**1. Name in Full:** Click or tap here to enter text.

(First) (Middle) (Last)

**2. Mailing Address:** Click or tap here to enter text.

(Street) (City) (State) (ZIP)

**3. Email:** Click or tap here to enter text.

**4. Cell Phone #:** Click or tap here to enter text.

**5. Date of Birth:** Click or tap here to enter text.

Month/Day/Year

**6. Social Security Number:** Click or tap here to enter text.  
 \_\_\_-\_\_-\_\_\_\_

**7. Gender:**  M  F OtherPrefer not to answer

**8. Self-identification of Race/Ethnicity:**

a. Do you consider yourself to be Hispanic/Latino(a):  Yes  No

b. Please check one or more categories below to describe yourself:

White   
  Black or African-American   
  Asian  
  American Indian or Alaskan Native  
  Native Hawaiian or Pacific Islander  
  Other Click or tap here to enter text.

**9. Are you a United States citizen?**  Yes  No **If no, Visa type:**\_ Click or tap here to enter text. **Visa Status:** Click or tap here to enter text.

**II. EDUCATION AND TRAINING**

**1. Please list all education starting from college.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Level of Education** | **Institution** | **Location** | **Field of Study** | **Dates** | **Degree** |
| **College** |  |  |  |  |  |
| **Medical School** |  |  |  |  |  |
| **Residency** |  |  |  |  |  |
| **Postgraduate** |  |  |  |  |  |
| **Other:** |  |  |  |  |  |
| **Other:** |  |  |  |  |  |

**2. Other professional experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Location** | **Role/Position** | **Dates** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3. List any honors and awards received with a brief description of each.**

**a.** Click or tap here to enter text.

**b.** Click or tap here to enter text.

**c.** Click or tap here to enter text.

**III. MEDICAL CREDENTIALS AND LICENSING**

**1. USMLE/COMPLEX Scores: Step I:** Click or tap here to enter text. **Step II:** Click or tap here to enter text. **Step III:** Click or tap here to enter text.

**2. Board Certification**

**a. American Board of Internal Medicine:**

**Board Certification:**  **No  Yes Certification Number:** Click or tap here to enter text.

**Taking Boards on:** Click or tap here to enter text.

**b. Other Board Certification:  No  Yes Board Name:** Click or tap here to enter text.

**Certification Number:** Click or tap here to enter text.

**3. Medical Licenses:**

Click or tap here to enter text.

**(State) (Issue date) (Expiration date) (License #)**

Click or tap here to enter text.

**(DEA Registration) (Issue date) (Expiration date) (Registration #)**

Click or tap here to enter text.

**(Connecticut Controlled Substance) (Issue date) (Expiration date) (Registration #)**

**4. Are any of your licenses limited or temporary?  No  Yes If yes, please explain:**

**5. Has your license to practice medicine in any state ever been limited, suspended or revoked?**

**No**  **Yes** If yes, give full details on a separate sheet.

**6. Have your privileges at any hospital/other facility ever been denied, limited, suspended, revoked or not renewed?**

**No**  **Yes** If yes, give full details on a separate sheet.

**7. Have you ever been denied membership or renewal or been subjected to disciplinary proceedings in any hospital or medical organization?**

**No**  **Yes** If yes, give full details on a separate sheet.

**IV. CAREER PLANS AND INTERESTS**

**1. Are you considering pursuing a clinical subspecialty fellowship in the future?**  **No**  **Yes**

If yes, please describe:

**2. Are you considering pursuing any further degrees in the future?**  **No**  **Yes**

If yes, please describe:

**3. Please describe an educational research, teaching or scholarly pursuit or interest and include  
 a description of any presentations or publications that may have come from this work.**

Click or tap here to enter text.

**4. In one page or less, please describe why you are interested in our General Internal Medicine   
 Clinician-Educator Fellowship Program. Include in this description your future academic,   
 educational and research interests and how this program might help you be successful to your future.**

Click or tap here to enter text.

**5. Please let us know if there is anything else you would like to share with us about your application or   
 circumstances.**

Click or tap here to enter text.

**V. LETTERS OF RECOMMENDATION**

**Please provide the name, title, email and phone number for three people who will provide letters of recommendation for you. One letter must be from the program director of your current or most recent clinical training program. Each letter of recommendation should be directly emailed by the letter writer to: Dr. Donna Windish (**[**donna.windish@yale.edu**](mailto:donna.windish@yale.edu)**).**

1. Name (**Program Director**):  
   Title:   
   Email:   
   Phone:
2. Name:   
   Title:   
   Email:   
   Phone:
3. Name:   
   Title:   
   Email:   
   Phone:

**VI. APPLICATION SUBMISSION**

**In order for your application to be considered, you need to submit each of the following directly to:**

**Dr. Donna Windish at** [**donna.windish@yale.edu**](mailto:donna.windish@yale.edu)

1. **Completed application form**
2. **Curriculum vitae (CV)**
3. **Three letters of recommendation, one from your most current/recent program director**

**NOTE: Interviews will be considered on a rolling basis after all materials are submitted and reviewed.**

**VII. FELLOWSHIP PROGRAM CONTACT INFORMATION**

**Donna Windish, MD, MPH  
1450 Chapel Street  
New Haven, CT**[**donna.windish@yale.edu**](mailto:donna.windish@yale.edu)