UAB MEDICINE
Interventional Nephrology

INTERVENTIONAL NEPHROLOGY FELLOWSHIP APPLICATION

Date of application: _____ Beginning (month/year)_____

Name (Last, First, Middle, no initials)_____

Social Security Number _____

Office Address_____

Fax #_____ Telephone_____ E-mail Address: _____

Home Address_____

E-mail Address:_____Telephone_____

Birthplace: _____Date of Birth:_____

Citizen of_____

If not U.S. Citizen, type of Visa and expiration date: _____

Name and contact information of next of kin _____

Relationship : _____ Address:_ _____ Phone #_____

Do you have any disabilities that may prevent you from performing the essential functions of an interventional fellow?

Yes/No

If yes please explain: _____

UNDERGRADUATE EDUCATION (list in chronological order)

Name of School	City/State/Country	Date From / To	Degree

MEDICAL SCHOOL

Name of School	City/State/Country	Date From / To	Degree

USMLE:

Step 1_____/_____ Step II_____/_____ /Step III_____/_____

(date taken) (score) (date taken) (score) (date taken) (score)

Step II/CS_____/_____

(date taken) (pass/fail)

COMLEX (if applicable): _____

INFORMATION REQUIRED OF GRADUATES FROM NON-US SCHOOLS

ECFMG Certificate No. _____ Date Issued_____ Valid Through_____

(attach copy of certificate)

RESIDENCY/FELLOWSHIP TRAINING

1st Year Postgraduate_____

Specialty (Mo/Yr) to (Mo/Yr)

Institution Name:_____ City/State_____

2nd Year Postgraduate_____

Specialty (Mo/Yr) to (Mo/Yr)

Institution Name:_____ City/State_____

3rd Year Postgraduate_____

Specialty (Mo/Yr) to (Mo/Yr)

Institution Name:_____ City/State_____

Fellowship_____

Specialty (Mo/Yr) to (Mo/Yr)

Institution Name:_____ City/State_____

Other Postgraduate Training_____

Specialty (Mo/Yr) to (Mo/Yr)

Institution Name:_____ City/State_____

PREVIOUS EDUCATIONAL OR RESEARCH EXPERIENCE, INCLUDING PUBLICATIONS: (may attach CV)

_____

_____

_____

Academic and other honors: _____

_____

Membership in scientific and professional organizations:

_____

_____

Extracurricular Activities: _____

NATIONAL BOARD EXAMINATIONS (dates taken and results)

_____

_____

LICENSURE

Description	*State*	*Number*	*Date of Issue*	*Expires*
Medical:				
DEA Number:				
Other (specify):				

LETTERS OF RECOMMENDATION:

Three letters of recommendation are required and should be sent directly to the UAB interventional fellowship program. One letter should be from your nephrology fellowship program director. Please include name, address and position of letter writers below:

(1) _____

_____

(2) _____

_____

(3) _____

_____

Military Service: (include rank, Branch of Service and Dates) _____

DISCLOSURES

Do you now abuse chemical substances*, as defined herein? ……. Yes___ No ___

Have you ever been convicted of any charge(s) related to or pertaining to chemical substance abuse*, or the possession, sale or distribution of illegal or legally controlled substances? …….. Yes___ No ___

*(Substance abuse is defined as using drugs for non-medical reasons in an attempt to influence the mind and body, to alter emotions and senses, and to escape reality. A drug can be considered as any substance, other than food and including alcohol, that has an effect on the central nervous system or other systems of the body.)

CRIMINAL RECORD: Have you ever been convicted of a crime, other than a minor traffic violation Yes /No

If yes please explain _____

Is there any malpractice action or claim pending against you? ……..… Yes___ No _

Has there ever been a malpractice judgment against you or a monetary settlement of a claim against you? …. Yes___ No _

Have you ever been refused medical licensure? ……... Yes___ No _

Has your medical license ever been suspended or revoked? ……..… Yes___ No _

If you answered **"Yes"** to any of the above, give details. For each, give (1) date, (2) charge, (3) place, (4) court, (5) action taken. (Use additional sheets if necessary.) _____

_____

COMMENTS (Please indicate any special experience or qualifications not covered in this form)

_____

_____

LONG TERM CAREER PLANS and RESEARCH INTERESTS

_____

_____

I CERTIFY that the answers to the foregoing questions are true and complete to the best of my knowledge and belief, and are made in good faith. I give UAB the right to contact all persons (organizations) named to gain information relevant to this application. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds to UAB to terminate my fellowship without notice. I acknowledge by my signature that I have read and understand these statements.

Signature of Applicant (sign in ink)	Date

Please submit application by email or mail to

Jessica Hargrove
Program Coordinator
Interventional Nephrology Fellowship Program
UAB Division of Nephrology
THT 643
1720 Second Avenue South
Birmingham, AKL 352945-0006
Tel:205-934-7023
Email: jhayes@uabmc.edu