



Application for Medical Informatics Research Fellowship Training

Regenstrief Institute, Inc.
410 West 10th Street, Suite 2000 ♦ Indianapolis, Indiana 46202-23012
Phone: 317.423.5500 Fax: 317.423.5695
www.regenstrief.org

I hereby apply for clinical/research training as a Medical Informatics Fellow at the Regenstrief Institute in cooperation with the Indiana University School of Medicine beginning _____, 20_____.

Name (please print): _____
Last Middle First

Usual Legal Signature: _____

Present Address: _____

Permanent Address: _____

Telephone: Home () _____ Fax () _____
Work () _____ Email _____

Education: (Undergraduate and Graduate)

| School | City & State | Degree | Dates |
|--------|--------------|--------|-------|
| | | | |
| | | | |
| | | | |

Training: (Internship, Residency, Fellowship, Practice)

| Hospital | City | State | Dates | Types |
|----------|------|-------|-------|-------|
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Board Eligibility: Yes No

Board Certification: Yes No

(if board certified):

| Board | Number | Date Awarded |
|-------|--------|--------------|
| | | |
| | | |

Medical Licenses:

State: _____ Number: _____
State: _____ Number: _____
DEA # : _____
ECFMG # : _____

Honors, Academic Societies, Awards: _____

Publications: _____

Due to federal funding, only U.S. citizens or permanent residents are eligible. Are you a ...

U.S. Citizen ? Yes No

Immigrant, Permanent Resident ? Yes No

How did you hear about the Regenstrief Biomedical Informatics Fellowship?

In support of this application, I will submit:

- A. A copy of my medical school diploma (translation if necessary)
- B. An official medical school transcript
- C. Letters from at least two faculty members and at least two others regarding graduate medical education
- D. A brief statement of special interest and career plan
- E. Current CV

Signature: _____

Date: _____
