



# Application for General Internal Medicine/General Pediatrics Research Fellowship Training Regenstrief Institute for Health Care

1050 Wishard Blvd., RG6 ♦ Indianapolis, Indiana 46202

Phone: 317 630 7447 / Fax: 317 630 6611

I hereby apply for clinical and health services research training as a General Internal Medicine or General Pediatrics in cooperation with the Indiana University School of Medicine beginning \_\_\_\_\_, 20\_\_.

Name (*please print*) \_\_\_\_\_  
*Last* *First* *Middle*

Usual Legal Signature \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Education (*Undergraduate and Graduate*)

School	City	State	Dates	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Training (*Internship, Residency, Fellowship, Practice*)

Hospital	City	State	Dates	Types
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Board Eligibility:  Yes  No

Board Certification:  Yes  No

(If Yes) 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

- Yes - U.S. Citizen
- Yes - Immigrant, Permanent Resident

In support of this application, I will submit:

- A. A copy of 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

Signature: \_\_\_\_\_ Date \_\_\_\_\_