

**Oregon Health & Science University
Division of Nephrology & Hypertension
Fellowship Program
3314 SW US Veterans Hospital Rd PP262
Portland Oregon 97239 2940**

PLEASE TYPE OR PRINT LEGIBLY - All questions must be answered in full.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Form may be completed using Adobe Acrobat but must be printed and have original signatures.

Nephrology Program

2 year Clinical

3 year Research

Transplant Program

For period beginning: July 1, 2006

Name:

Surname

First Name

Middle Name

Maiden Name

Present Address:

Number Street

City

State

Zip

Home Address:

Number Street

City

State

Zip

Date of Birth:

Present telephone number:

Place of Birth:

Cell Phone number:

Social Security Number:

Pager number: (required)

E-mail address (required):

Country of Citizenship? U.S. Other:

If not U.S. Citizen, list visa type and number:

College(s) or University

Date(s) of Graduation

Degree(s)

Medical School

Degree

Years Attended

Internship: Hospital:

Type:

Dates:

Residency: Hospital:

Service:

Dates:

Board Eligible or Certified (check one) Year

Subspecialty:

USMLE Scores – REQUIRED list scores (not percentile) or send copies of score report

Grade Part I

Grade Part II

Grade Part III

Licensure (States and Numbers) if any:

State

Number

State

Number

Research experience, publications, special skills:

Electives, foreign travel, special medical experiences:

Honors:

Future plans in medicine:

Major extracurricular interests:

Date:

Signature

Applications will not be considered without the following documents.

Letters from:

- the Dean of the applicant's medical school. Photocopies used for residency applications are acceptable
- the Director of the applicant's internship program (if different from residency program director)
- the Director of the applicant's residency program
- any physician or medical scientist having special knowledge of the applicant's ability or performance. Additional letters in this category are strongly recommended.

Letters of recommendation should be mailed directly to the program address available on the page one of this application.

A small passport type of photograph would be appreciated to identify you when you come for an interview.

Optional – the following information is to be used by Affirmative Action Program for statistical purposes only

Race

Sex
