

Oregon Health & Science University  
University Hospital & Affiliated Hospitals  
Portland, OR 97239

**APPLICATION FOR CLINICAL INFORMATICS FELLOWSHIP**

for period beginning \_\_\_\_\_ at \_\_\_\_\_ year level  
(1,2,3,4,5,6,7,8)

All questions must be answered in full.

1. Name \_\_\_\_\_  
Surname First Name Middle Name Maiden Name

2. Current address \_\_\_\_\_  
Number Street City State Zip

3. Permanent address \_\_\_\_\_  
Number Street City State Zip

4. Current Email Address: \_\_\_\_\_

5. Social Security # \_\_\_\_\_ 6. Telephone \_\_\_\_\_

7. Date of Birth \_\_\_\_\_ 8. Country of Citizenship \_\_\_\_\_

9. City, State and Country of Birth \_\_\_\_\_

10. If not US Citizen, list Visa type and number \_\_\_\_\_

11. ECFMG # (If appropriate) \_\_\_\_\_ Valid through \_\_\_\_\_

12. Undergraduate education: College(s) or University(s) \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Graduation \_\_\_\_\_ Degree(s) \_\_\_\_\_

14. Medical School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

15. Previous Internship: Hospital \_\_\_\_\_

Dates \_\_\_\_\_

16. Previous Residency(ies): Hospital \_\_\_\_\_

Dates \_\_\_\_\_

17. Previous Fellowship(s): Hospital \_\_\_\_\_

(If Any) Dates \_\_\_\_\_

18. Prior Staff (Attending) Position(s): Hospital \_\_\_\_\_

Service \_\_\_\_\_

(If Any) Dates \_\_\_\_\_

19. Have you ever had your clinical privileges revoked or terminated at any time? Yes \_\_\_\_\_ No \_\_\_\_\_

20. USMLE: Grade Step 1 \_\_\_\_\_ Grade Step 2 \_\_\_\_\_ Grade Step 3 \_\_\_\_\_

Percentage Step 1 \_\_\_\_\_ Percentage Step 2 \_\_\_\_\_ Percentage Step 3 \_\_\_\_\_

21. Licensure (States and Numbers) \_\_\_\_\_

22. Research experience, publications, special skills \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Electives, foreign travel, special medical experiences \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_

24. Honors and awards \_\_\_\_\_

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25. Future plans in medicine \_\_\_\_\_

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26. Major extracurricular interests \_\_\_\_\_

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Contact Information for recommenders

	Program Director, Residency	Attending Physician #1	Attending Physician #2
Name			
Title			
Institution			
Phone			
Email			

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Signature

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Date

The following are required from each applicant:

One signed copy of this application

1-2 page personal statement on motivations, interests, and career goals in clinical informatics

Curriculum Vitae

Letter of recommendation from the Dean of your Medical School, including dates (MSPE)

Letter of recommendation from Program Director of Residency Program

Letter(s) of verification from the Program Director(s) of prior residency training, including dates, location and verification of completion

Letter of recommendation from two Attending Physicians

Verifications of any previous staff positions.

Official Transcripts from all institutions attended

USMLE Scores

All application materials and letters of recommendation should be sent to:

Lauren Ludwig  
Admissions Coordinator, Clinical Informatics Fellowship  
Department of Medical Informatics & Clinical Epidemiology  
Oregon Health & Science University  
3181 SW Sam Jackson Park Road, BICC  
Portland, OR 97239-3098  
503-494-2252  
ludwigl@ohsu.edu