

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

**APPLICATION FOR CLINICAL INFORMATICS FELLOWSHIP**

IN \_\_\_\_\_  
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. Present address \_\_\_\_\_  
Number Street City State Zip
3. Home address \_\_\_\_\_  
Number Street City State Zip
4. Current Email Address: \_\_\_\_\_
5. Social Security # \_\_\_\_\_ 6. Telephone \_\_\_\_\_
7. Home telephone \_\_\_\_\_ 8. Date of Birth \_\_\_\_\_
9. City, State and Country of Birth \_\_\_\_\_
10. Country of Citizenship \_\_\_\_\_
11. If not US Citizen, list Visa type and number \_\_\_\_\_
12. ECFMG # (If appropriate) \_\_\_\_\_ Valid through \_\_\_\_\_
13. College(s) or University(s) \_\_\_\_\_  
\_\_\_\_\_  
Date(s) of Graduation \_\_\_\_\_ Degree(s) \_\_\_\_\_
14. Medical or Dental School \_\_\_\_\_ Dates Attended \_\_\_\_\_  
(Expected) Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

15. Previous Internship: Hospital \_\_\_\_\_ Service \_\_\_\_\_  
(If Any) Dates \_\_\_\_\_

16. Previous Residency(ies)/ Fellowship(s): Hospital \_\_\_\_\_  
Service \_\_\_\_\_  
(If Any) Dates \_\_\_\_\_

17. Staff Positions: Hospital \_\_\_\_\_ Service \_\_\_\_\_  
(If Any) Dates \_\_\_\_\_

18. USMLE: Grade Step 1 \_\_\_\_\_ Grade Step 2 \_\_\_\_\_ Grade Step 3 \_\_\_\_\_  
Percentage Step 1 \_\_\_\_\_ Percentage Step 2 \_\_\_\_\_ Percentage Step 3 \_\_\_\_\_

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

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

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

22. Honors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Future plans in medicine \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Major extracurricular interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following are required from each applicant:

One signed copy of this application and

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

Letters of recommendation from the Dean of your Medical School, including dates;

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

Verifications of any previous staff positions.

All applications and letters should be sent to:

Andrea Ilg

Program 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

[ilgan@ohsu.edu](mailto:ilgan@ohsu.edu)