

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 _____

24. Honors and awards _____

25. Future plans in medicine _____

26. Major extracurricular interests _____

Contact Information for recommenders

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

Signature

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
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Portland, OR 97239-3098
503-494-2252
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