

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