

APPLICATION FOR APPOINTMENT
ADDICTION MEDICINE FELLOWSHIP
FAMILY MEDICINE FELLOWSHIP
GENERAL INTERNAL MEDICINE FELLOWSHIP
PREVENTIVE MEDICINE RESIDENCY

Applying for Academic Year _____

Please indicate which program(s) you are interested in: ☐ Addiction Medicine Fellowship

☐ Family Medicine Fellowship ☐ General Internal Medicine Fellowship ☐ Preventive Medicine Residency

Please indicate which concentration(s) you are interested in: ☐ WOMEN'S HEALTH ☐ ADDICTION MEDICINE

☐ HEALTH DISPARITIES ☐ MEDICAL EDUCATION ☐ PREVENTIVE MEDICINE ☐ MEDICAL INFORMATICS

Name: _____

(first)

(middle)

(last)

Social Security #: _____

Address: _____

(city)

(state)

(zip code)

Telephone #: _____ Fax #: _____ E-mail: _____

Male/Female: _____ Date of Birth: _____ Beeper: _____

Citizenship: _____ If not US citizen, state type of visa you hold: _____

Please indicate how you heard about our program:

Education and Training

Institution, City and State

Year/Dates

Degree

College

Medical School

Internship

Residency

Fellowship

USMLE - Part III Date Passed: _____

Board Certified:

Date

Specialty

Board Eligible:

Yes

No

Specialty

References

List names and addresses of three references, who you will ask to send letters to Veronica Forde at the address below. Please include the chairman of the department of medicine (or an equivalent person) and the director of your primary care or outpatient clinic, or general internal medicine, if possible.

1.

2.

3.

Signature: _____

Date: _____

Kindly enclose a curriculum vitae and a personal statement

Please mail copy of this application to Veronica Forde at the following address:

Section of General Internal Medicine
Boston University Medical Center
801 Massachusetts Avenue, Crosstown 2
Boston, MA 02118
Tel: 617- 414-6934
Fax: 617- 414-4676