

University of Colorado School of Medicine

Department of Family Medicine
Department of Medicine
Division of General Internal Medicine

Colorado Palliative Medicine Fellowship Application

Attach
Recent
Photograph
(Optional)

| | | |
|--|---------------------------------------|----------------|
| Date | Planned Starting Date | |
| Last Name | First Name | Middle Initial |
| Home Address | Telephone | |
| City | State | Zip |
| Work Address | Telephone | |
| City | State | Zip |
| E-Mail Address | Birth Date | |
| Social Security Number | Place of Birth | |
| Citizenship | ECFMG Status & Number (enclose copy) | |
| Visa Status and Number (if applicable) | USMLE scores (enclose copy) | |
| Ethnicity (Optional) <input type="checkbox"/> No Answer <input type="checkbox"/> Spanish/Hispanic/Latino/Latina <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian | Language Fluency (Other than English) | |

PREMEDICAL EDUCATION

| College | Address | From | To | Degree |
|---------|---------|------|----|--------|
| | | | | |
| | | | | |

MEDICAL EDUCATION

| College | Address | From | To | Degree |
|---------|---------|------|----|--------|
| | | | | |
| | | | | |

PROFESSIONAL TRAINING

| Position | City | Institution | Type of Service | From | To |
|------------|------|-------------|-----------------|------|----|
| Internship | | | | | |

| Position | City | Institution | Type of Service | From | To |
|---|------|-------------|-----------------|------|----|
| Residency | | | | | |
| Fellowship | | | | | |
| Other post grad work experience, including current hospital staff membership. | | | | | |

List three references, including your Residency's Program Director and have them send us letters of recommendations.

REFERENCES

| Name | Title | Address and Telephone Number |
|------|-------|------------------------------|
| | | |
| | | |
| | | |

Are you Board Certified? No Yes If Yes, state Board name (enclose copy).

Are you DEA registered? No Yes If Yes, list registration number and expiration month/year (enclose copy).

Are you currently licensed to practice Medicine in the US? No Yes If Yes, list states and license numbers (enclose copy).

Military service and present status.

List honors, scholarships, grants, etc.

Has your Medical License ever been suspended/revoked/voluntarily terminated? No Yes If Yes, please give a complete explanation on a separate piece of paper.

Have you ever been named in a malpractice case? No Yes If Yes, please give a complete explanation on a separate piece of paper.

Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges? No Yes If Yes, please give a complete explanation on a separate piece of paper.

Have you ever been convicted of a felony? No Yes If Yes, please give a complete explanation on a separate piece of paper.

Are you able to carry out the responsibilities of a fellow in this program including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations? Yes No If No, please describe limiting aspects on a separate piece of paper.

On a separate piece of paper, attach a one page personal statement describing your personal interest and objectives in pursuing a career in palliative medicine. Specify interest in one or two year fellowship.

Enclose, mail or fax a copy of your **curriculum vitae**; please include work experience, volunteer experience, research experience and publications.

| | | |
|------------|---|------------------------------------|
| Return to: | Mevelyn Corpening, Program Coordinator | Phone: (303) 724-9755 |
| | University of Colorado Palliative Medicine Fellowship | |
| | UCHSC | Fax: (303) 724-9747 |
| | AO1, L15, 3 rd Floor, Mail Stop F496 | |
| | P.O. Box 6511 | Email: Mevelyn.Corpening@uchsc.edu |
| | Aurora, CO 80045 | |

APPLICANT'S AFFIDAVIT:

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after my appointment. I hereby authorize my present and past employers to furnish the University of Colorado with their records of service.

Signature

Date