

**INFECTIOUS DISEASES & GEOGRAPHIC MEDICINE
FELLOWSHIP TRAINING PROGRAM**

CASE WESTERN RESERVE UNIVERSITY
University Hospitals of Cleveland, MetroHealth Medical Center
and Veterans Administration Medical Center
Cleveland, Ohio

APPLICATION FOR FELLOWSHIP

Please type or print neatly.

Date ____/____/____

Current Post Graduate Year _____

Date of Birth _____

Name _____ Social Security No. _____
Last First Middle

I am a graduate of _____
Name of College

with a degree of _____ in 19 _____

I will graduate ?/I have graduated ?

from _____ School of Medicine

on the _____ day of _____, 19____, receiving degree of _____

If not U.S. citizen and/or if graduated from a Foreign Medical School, please complete the following (if applicable):

Type of Visa _____ Do you intend to apply for U.S. citizenship? _____

ECFMG Certificate Number _____ Attach copy of certification or interim certificate. (If Fifth Pathway, attach copy or certificate)

If you are now in the U.S. give date and port of entry _____

Signature: _____

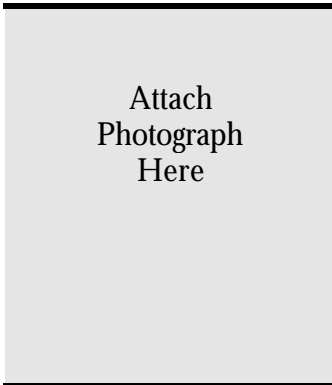
Permanent (Home) Address: _____

Present Address: _____

Telephone No.: _____
Home

Telephone No.: _____
Work

E-mail Address: _____



ADDITIONAL INFORMATION

Licensed to practice in state of _____ Registration No. _____ Date _____

National Board Examinations _____ Date _____

Is there any reason that you could not perform the essential functions of a resident physician in the training program of University Hospitals of Cleveland, with or without accommodation? Yes ___ No ___

If yes, please explain on a separate sheet of paper that required accommodation and how, with it, you could perform the essential functions of the position.

CURRICULUM VITAE: Chronological list of activities since graduation, including publications, academic honors and any further special training (*please attach to application*).

RESEARCH PROGRAMS

Check which research programs you have an interest in (may check more than one):

Retrovirology _____ Antimicrobial _____ Epidemiology of _____
(*HIV/HTLV*) _____ Resistance _____ Infectious Diseases _____

Mycobacteria _____ Bacterial Host _____ AIDS Clinical Trials _____
(*M. tuberculosis/* _____
M. avium) _____ Defense _____

Parasitic Infections _____

FELLOWSHIP APPLICATIONS

A personal statement plus two letters of recommendation from physicians should be supplied in addition to a letter from the Director of the Department in which you have most recently served. Personal interviews are required. Enclose a copy of your medical school diploma. Letters of recommendation should be addressed to: **Robert A. Salata, M.D.; Chief, Division of Infectious Diseases; University Hospitals of Cleveland; 11100 Euclid Avenue; Cleveland, OH 44106-5083.**

Completed applications should be sent to the Fellowship Coordinator listed below (**please use attached mailing label**).

LAST DAY TO RECEIVE APPLICATIONS: FEBRUARY 1

Send completed application to: Nancy Hagen
Fellowship Coordinator
Division of Infectious Diseases
University Hospitals of Cleveland
11100 Euclid Avenue
Cleveland, Ohio 44106-5083

ENCLOSE A STAMPED, SELF-ADDRESSED POST CARD IF YOU WISH ACKNOWLEDGMENT THAT WE RECEIVED YOUR APPLICATION.