

Women & Infants'
Internal Medicine & Obstetric Medicine Consultation
101 Dudley Street
Providence, RI 02905

Fellowship Application

Applicant Information

Name:		DOB:	Date:	
Last	First	MI		
Street Address:				
City:			Phone #	
Date Available:			State	Zip Code
Are you a citizen of the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, are you authorized to work in the U.S.?		Type of Visa presently held:		

Medical School

Dates Attended	
Degree	
Residency Training:	
Internship:	Dates:
Residency:	Dates:
Additional Training:	
Honors/Awards	

Board Certification Status:

ABIM Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Certification
ABIM Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	

Current Position:

Title:	
Affiliation:	Year began:

Research Experience/Interests/Publications

With this application, please attach an updated Curriculum Vitae, and Letter of Interest/Personal Statement (not to exceed one typed page). Please have 3 letters of professional reference forwarded under separate cover.

RETURN TO: Lucia Larson, MD
Women & Infants Hospital, Suite 1440
101 Dudley Street, Providence, RI 02905-2499

Signature:	Date
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