

PHOTOGRAPH

Optional, but we appreciate this for future identification.



NEONATAL – PERINATAL MEDICINE FELLOWSHIP APPLICATION

GENERAL INFORMATION

Date available to begin program: _____

Name: _____

Present Address: _____

Permanent Address: _____
(if different)

Phone: () _____

Alternate Person to Contact: _____ Phone: () _____

U.S. Citizen _____ Immigrant _____ Exchange _____

EDUCATION INFORMATION

	Coll./Univ./Hospital	Dates	Degree	Honors
Premedical	_____	_____ to _____	_____	_____
	_____	_____ to _____	_____	_____
Medical	_____	_____ to _____	_____	_____
	_____	_____ to _____	_____	_____
First PG Year	_____	_____ to _____	_____	_____
Residency	_____	_____ to _____	_____	_____
	_____	_____ to _____	_____	_____
Residency	_____	_____ to _____	_____	_____
	_____	_____ to _____	_____	_____
	_____	_____ to _____	_____	_____

REFERENCES

(List the names and addresses of 2-4 Physicians, which at least 2 should be from the applicants current program)

1. _____
2. _____
3. _____
4. _____

Date: _____

Signature: _____

OTHER INFORMATION

National Boards	Date Taken	Results (Grade)
Part I	_____	_____
Part II	_____	_____
Part III (if applicable)	_____	_____
FLEX	_____	_____
ECFMG	_____	_____
Social Security Number:	_____	
Michigan License Number:	_____	
Other States:	State: _____	
	Number: _____	
Reciprocity with Michigan	YES: _____	NO: _____

Application Procedures

- A.** Make arrangements for all application materials to be sent to: Ira H. Gewolb, M.D.
Division of Neonatology
Michigan State University
Sparrow Hospital – 3rd Floor Suite
1215 E. Michigan Avenue
P.O. Box 30480
Lansing, MI 48909-9986
- B.** Your initial application file is considered complete when all of the following are received:
- 1) Application form
 - 2) Curriculum vitae
 - 3) 2 or more letters of recommendation
 - 4) Copies of all scores from National Boards or Flex Exams
 - 5) Autobiographical sketch
 - 6) Copy of Medical School Diploma
- Graduates of foreign medical schools must also provide ECFMG, and VQE exam scores (or equivalent). English translation is required of all materials where applicable (such as diplomas).
- C.** The autobiographical sketch may include general comments regarding: clinical and research training, relevant experiences, professional goals including specialty and geographical area, publications, leadership positions held, etc.
- D.** You must make arrangements for the letters of recommendation from physicians to be sent directly to the Fellowship Program Director or to the Fellowship Coordinator, Agnes Milashus, at the address given above.
- E.** Once the initial application file is complete you may request an interview. Interviews are an essential part of the selection process.