

**CLINICAL INFORMATICS FELLOWSHIP
COMMON APPLICATION**

Please email completed application to:
aatkinso@bidmc.harvard.edu

Date of application		Desired Start Date 7/1/2015	
Personal Data			
NAME: Last		First	
Middle Initial			
Mailing Address: Number and Street			
City		State	Zip Code
Daytime Phone #	Alternative Phone #	Email Address:	
Permanent Address: (List SAME if same as above)		Permanent Phone #:	
Number and Street::		C/O Name	
City		State	Zip Code
Date of Birth: (required for state license application)		Citizenship (Identify Country)	
Curriculum Vitae (CV)			
Attach your curriculum vitae. Include current and previous undergraduate, graduate, medical, and graduate medical education. All time periods from college to present must be documented on your CV or described in your personal statement.			
Medical Education			
Please forward a copy of your Medical School Diploma, and an official copy of your Medical School Transcript.			
Board Certification/Board Eligibility			
Specialty	Status (Eligible/Certified)		Expires
Specialty	Status (Eligible/Certified)		Expires
Personal Statement			
Please attach an autobiographical statement. Tell us about yourself, your interests, and your career expectations. All time periods from college to present must be documented on your CV or described in your personal statement. Please list your publications, and include links to them in PubMed.			
Research, Work and Extra Curricular Experience. In the spaces below, please describe any research, work and extracurricular experience that you feel will enhance your application, unless otherwise listed in your CV or described in your personal statement.			
Research			
Work			
Extra Curricular Activities			

Letters of Recommendation. Include full name, title, address, phone number, and email address. *You are required to contact these individuals and request that they email the letter to aatkinso@bidmc.harvard.edu, c/o the Program Director.*

Residency Program Director or Department Chairperson (required)

Faculty member (required)

Faculty member (required)

Faculty member (optional)

Examinations Taken Copies of original documents with scores and dates must accompany application

U.S./Canadian Medical School Graduates				International Medical School Graduates			
USMLE dates taken & scores	Step 1	Step 2	Step 3	USMLE dates taken & scores	Step 1	Step 2	Step 3
NBME dates taken & scores	Part I	Part II	Part III	FMGEMS no.	ECFMG no.		
COMPLEX dates taken & scores	Level 1	Level 2	Level 3	FMGEMS exam dates & score			
FLEX	Date	Score		TOEFL date & Score			
Licensure (temporary permit; full/complete)				FLEX	date	Score	
State	Number	Date granted	Type	Expiration Date	Current visa status:	Entry date	Expiration date
State	Number	Date granted	Type	Expiration Date	Type of visa	Visa no.	

- Have you ever been terminated from a training program? Yes ___ No ___
 - Has your medical staff privileges ever been denied, suspended or revoked? Yes ___ No ___ Not applicable ___
 - Has your state medical license or DEA number ever been denied, suspended or revoked? Yes ___ No ___
 - Have you ever been convicted of a felony? Yes ___ No ___
 - Have you ever been named in a malpractice lawsuit? Yes ___ No ___
- If the answer to any of the questions above is yes, please explain on a separate sheet of paper.

The information I have given in this application and the attached CV is current and complete to the best of my knowledge. I do ___ do not ___ relinquish my right to review the letters of recommendation in my file. (Please Check One).

Signature

Date