

Application For University of Maryland Medical Center Sleep Medicine Fellowship

Sleep Fellowship Applicant Checklist

In addition to the following completed application form, you will need to submit the following materials to complete your Sleep Medicine Fellowship application to the University of Maryland:

- CV (UMMS format- Include the following headings, omit if not applicable)
 - Education
 - Post Graduate Education and Training
 - Board Certifications
 - Medical Licensures
 - Military Service
 - Employment History
 - Academic Appointments
 - Professional Society Memberships
 - Honors and Awards
 - Clinical Activities (If applicable)
 - Grant Support
 - Patents, Inventions and Copyrights (If applicable)
 - Publications
 - 2 references other than those who provided letters of recommendation
- USMLE Step 1, 2, and 3 scores
- Copy of ECFMG certificate (if applicable)
- 2 letters of recommendation
- Proof of Citizenship (Visa Status, if applicable)
- Medical School Verification/Official transcript
- Residency or Fellowship Verification-signed document from program director/or completion of training certificate (or letter from current director that training is expected to be completed prior to July 1 of the fellowship year – then a completion of training form will be required during the first month of fellowship).
- Personal Statement
- Proof of BLS certification (all fellows must maintain BLS certification)

University of Maryland University of Maryland Sleep Medicine Fellowship

A passport size photo, signed on the back, if not provided at the time of application will be required when coming for an interview.

APPLICATION FOR CLINICAL FELLOWSHIP TRAINING

I hereby apply to the University of Maryland Medical Center for clinical fellow

training at the PGY _____ year level in the
1st. 2nd. 3rd. 4th. 5th. 6th. 7th. 8th. 9th

Department of Sleep Medicine.

Effective Date of Appointment: July 1, 20__.

NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER: _____ SOCIAL SECURITY NO. _____

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

PRESENT STATUS: _____
(TITLE) (DEPARTMENT) (INSTITUTION)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(MO) (DAY) (YEAR) (CITY) (STATE/COUNTRY)

CITIZENSHIP: _____

IF NOT U.S. CITIZEN, TYPE OF VISA: _____

NAME AND ADDRESS OF SPOUSE OR NEAREST RELATIVE: _____

LIST ANY REASONS, IF ANY, THAT WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF A CLINICAL FELLOW. IF ANY, PLEASE EXPLAIN

LAST

FIRST

MIDDLE

EDUCATIONAL BACKGROUND: Please request the Dean of the Medical School you attended to send a letter and a transcript of your grades.

COLLEGES AND UNIVERSITIES ATTENDED (Include Dates and Degrees):

MEDICAL SCHOOL (Include Dates): _____

ACADEMIC HONORS (College and Medical School): _____

PROFESSIONAL EXPERIENCE:

INTERNSHIP (Include Hospital and Location; whether Rotating, Mixed, or Straight; and Dates):

RESIDENCY (Include Hospital and Location, Specialty and Dates):

POSTGRADUATE TRAINING OTHER THAN ABOVE (Fellowship, Courses in Basic Science, Summer Research, etc. Include Location, Type of Activity, and Dates): _____

MEMBERSHIP IN SCIENTIFIC AND PROFESSIONAL ORGANIZATIONS: _____

HAVE YOU BEEN PARTY TO ANY MALPRACTICE LIABILITY CLAIMS, SUITS, AND/OR SETTLEMENTS?

Yes ___ No ___ (If yes, please attach a summary) _____

LICENSURE: Are you currently licensed to practice medicine? _____ If so, please indicate:

STATE _____ LICENSE NUMBER _____

Has your license ever been suspended, revoked, or voluntarily surrendered? Have you ever been disciplined, in any way, by a licensing board? If so, Please explain: _____

CRIMINAL RECORD: Have you ever been convicted of a crime, other than a minor traffic violation: If so, please explain:

REFERENCES (Please submit names and addresses of three physicians who are acquainted with your academic and/or professional experience and your personal character): _____

MILITARY EXPERIENCE:

ACTIVE DUTY IN ARMED FORCES (Include Rank, Branch of Service, and Dates): _____

RESERVE OR NATIONAL GUARD STATUS: _____

ARE YOU OBLIGATED, THROUGH A HEALTH PROFESSIONS LOAN, FOR MILITARY OBLIGATION?

COMMENTS (Please indicate any special experience or qualifications not covered in this form): _____

FUTURE PLANS: (Describe your expectations for this continued training program)

“In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, University of Maryland Medical Center does not discriminate on the basis of race sex, religion, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment.”

If I accept the appointment of Clinical Fellow at the University of Maryland Medical Center, in the discipline of Sleep Medicine, I agree to serve the full term and to abide by the rules and regulations of the Medical center and Service to which I am attached.

I certify that the information provided in this application is true and correct.

SIGNATURE OF APPLICANT: _____ DATE: _____

Appointment to House Staff is made by the Hospital on the recommendation of the Chief of Service and is for one year only.