Transplant Fellowship ACGME Training Program

Division of Nephrology
University of Washington

Fellowship to begin July

PERSONAL INFORMATION

Last Name: _____ **First Name:** _____

City: _____ **State:** _____ **Zip Code:** _____

Current Position: _____

Current Institution: _____

Email Address: _____ **Phone:** _____

Date of Birth: _____

Citizenship:

- ☐ United States
- ☐ Permanent Resident
- ☐ J-1 Visa
- ☐ Other

MEDICAL TRAINING

MEDICAL SCHOOL _____

City: _____ State: _____

Degree: _____ Date Received: _____

INTERNSHIP: City: _____

Dates (To and From): _____ State: _____

RESIDENCY: _____ to _____

City: _____

Dates (To and From): _____ State: _____

Chief Resident: _____ to _____

- ◯ Yes
- ◯ No

FELLOWSHIP Institution:

City: State:

Dates (To and From): to

Chief Fellow:
- ◯ Yes
- ◯ No

BOARD CERTIFICATION: Date:

BOARD CERTIFICATION: Date:

MEDICAL LICENSE STATE AND NUMBER:

To complete your application:

1. Write a personal statement discussing your long-term professional objectives (career plans).

2. Provide a copy of your Curriculum Vitae (include any publications).

3. Send your completed application form, your personal statement, and your CV via email to: Danielle Long, dlong206@uw.edu and Dr. Yue-Harn Ng, yharn1@uw.edu.

4. Request 3 signed letters of recommendation, including one from your current Nephrology Fellowship Program Director, to be emailed directly to: Danielle Long, dlong206@uw.edu and Yue-Harn Ng, yharn1@uw.edu.

Your application will be considered complete and will be reviewed by the Transplant Fellowship Director, Dr. Yue-Harn Ng, only upon receipt of the application form, curriculum vitae, personal statement, and at least two of the three letters of reference.