

Peckham Policy Leadership & Home Dialysis Fellowship

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:

Social Security Number

Citizenship:

United States

Permanent Resident

J1 Visa

Other

MEDICAL TRAINING

MEDICAL SCHOOL

City:

State:

Degree:

Date Received:

INTERNSHIP:

City:

State:

Dates (To and From):

to

RESIDENCY:

City:

State:

Dates (To and From):

to

Chief Resident:

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:**

**Have you ever been convicted
of a felony?**

Yes

No

If yes, please provide details:

**Do you have any malpractice
actions pending against you?**

Yes

No

If yes, please provide details:

To complete your application:

1. Attach a personal statement discussing your long-term professional objectives.
 2. Include a copy of your Curriculum Vitae (include any publications).
 3. Send your completed application form, your personal statement and your CV via email to: Jenn Perez jperez8@uw.edu
 4. Request three letters of recommendation, including one from the Program Director during your fellowship, to be emailed directly to: Jenn Perez (jperez8@uw.edu)
-