

# Peckham Policy Leadership & Home Dialysis Fellowship

Division of Nephrology  
University of Washington

Fellowship to begin JULY

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## 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
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## MEDICAL TRAINING

MEDICAL SCHOOL

City:  State:

Degree:  Date Received:

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INTERNSHIP:

City:  State:

Dates (To and From):  to

RESIDENCY:

City:  State:

Dates (To and From):  to

- Chief Resident:
- Yes
  - No

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**FELLOWSHIP** Institution:

City:

State:

Dates (To and From):

to

Chief Fellow:

Yes

No

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**BOARD CERTIFICATION:**

Date:

**BOARD CERTIFICATION:**

Date:

**MEDICAL LICENSE STATE  
AND NUMBER:**

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**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:

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**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: Danielle Long dlong206@uw.edu
  4. Request three letters of recommendation, including one from the Program Director during your fellowship, to be emailed directly to: Danielle Long (dlong206@uw.edu)
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