

Transplant Fellowship 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:

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: jperez8@uw.edu (Jenn Perez) and yharn1@uw.edu (Dr. Yue-Harn Ng)
4. Request three SIGNED letters of recommendation, including one from the Program Director during your fellowship, to be emailed directly to: jperez8@uw.edu (Jenn Perez) and yharn1@uw.edu (Dr. Yue-Harn Ng)

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.