

# Transplant Fellowship Training Program

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](mailto:dlong206@uw.edu) and Dr. Yue-Harn Ng, [yharn1@uw.edu](mailto:yharn1@uw.edu).
4. Request three SIGNED letters of recommendation, including one from the Program Director during your fellowship, to be emailed directly to: Danielle Long, [dlong206@uw.edu](mailto:dlong206@uw.edu) and Yue-Harn Ng, [yharn1@uw.edu](mailto:yharn1@uw.edu).

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**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.**