

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: spatters@uw.edu (Suzanne Patterson)
4. Request three SIGNED letters of recommendation, including one from the Program Director during your fellowship, to be emailed directly to: spatters@uw.edu (Suzanne Patterson)

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