



# Fellowship Application Form

**Submission instructions:** Please mail this completed application form to Jeffrey.Sanchez@nyulangone.org. Your application will be reviewed once we also receive your CV, Personal Statement, Letter of reference from your Program Director, and your Medical School Dean's Letter. You can also mail your application documents to:

**NYU Psychiatry Fellowship Programs; 1 Park Avenue, NY, NY 10016**

**Program year to which you are applying**      2019-2020      2020-2021      2021-2022      2022-2023

**Fellowship Program to which you are applying (check one)**

- Addiction Psychiatry
- Forensic Psychiatry
- Geriatric Psychiatry
- Public Psychiatry (non-ACGME)
- Consultation Liaison
- Women's Mental Health (non-ACGME)

**PERSONAL INFORMATION**

**Full Name:** \_\_\_\_\_  
LastFirstMiddle name

**Current Address:** \_\_\_\_\_  
Street AddressApartment  
 \_\_\_\_\_  
CityStateZIP Code

**Cell Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Permanent Address:**  Same as current  
 \_\_\_\_\_  
Street AddressApartment  
 \_\_\_\_\_  
CityStateZIP Code

**E-mail Address:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Phone and email :** \_\_\_\_\_

**EDUCATION**

Post Graduate Degree (i.e. MD, DO, MS)	University/College	Month/Year of Graduation

**RESIDENCY AND/OR CLINICAL EXPERIENCE**

Position Title	Institution/Hospital	City, State, Country	Start/End Dates (mm/yy)	ACGME accredited?
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

## REFERENCES

Below please list the names of 3 references. Note that all letters of reference must be submitted directly by the author (email is acceptable and preferred), and at least one of the letters must be from your Residency Program Director.

<u>Name</u>	<u>Title</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## EXAMINATION/CERTIFICATION/LICENSURE

Have you taken and passed all 3 steps of the USMLE/COMLEX-USA?  Yes  No

If not, when do you intend to (re)take the exam? \_\_\_\_\_

If yes, please enter your scores: Step 1 \_\_\_\_\_ Step 2(CK) \_\_\_\_\_ Step 2(CS) \_\_\_\_\_ Step 3 \_\_\_\_\_

Do you have a license to practice medicine?  Yes  No If yes, in which state? \_\_\_\_\_ License #: \_\_\_\_\_

## VISA STATUS

If you are on a Visa, please complete the following:  N/A, I am not on a visa

Note: only applicants with unrestricted licenses are able to participate in the non-ACGME programs.

Type of Visa \_\_\_\_\_ Do you intend to apply for U.S. citizenship?  Yes  No

J1  H1  Other \_\_\_\_\_ Have you completed all requirements necessary to apply for visa renewal?

Yes  No If no, please explain on a separate sheet

If applicable, ECFGM Certificate Number \_\_\_\_\_ (Please include a copy of your ECFMG certificate)

## ADDITIONAL INFORMATION\*

Have you ever been denied a medical license or had your license revoked, limited, restricted, or suspended?

Yes  No

Have you ever been placed on academic probation in medical school or residency training?

Yes  No

Have you ever been dismissed from an appointment to medical school, residency, fellowship or professional employment?

Yes  No

Have you ever resigned from any employment position, including a residency or fellowship program?

Yes  No

Do you have any pending or previous professional misconducts?

Yes  No

Have you ever been convicted of a felony or misdemeanor and/or do you currently have any pending criminal charges?

Yes  No

Is there a gap of six months or more on your CV since beginning medical school?

Yes  No

\* Please explain any affirmative answers on a separate sheet

I certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission.

Applicant signature: \_\_\_\_\_ (Electronic signature is acceptable)

Print name: \_\_\_\_\_

Date: \_\_\_\_\_