



# Midwestern University

## Fellowship Application

Name: \_\_\_\_\_

OGME Year Applying for 4      5      6      7

Academic Year: July 01, 20\_\_\_\_ to June 30, 20\_\_\_\_

I hereby apply for a Fellowship in the Department of: \_\_\_\_\_

Please have all recommendation letters, an official transcript, and National Board Scores forwarded to the Department to which you are applying.

**Forward all materials to:**

**Susan Nassos  
Program Assistant  
MWU/CCOM  
20201 S. Crawford Ave.  
Olympia Fields, IL 60461**

**DO NOT WRITE IN THIS AREA - FOR OFFICE USE ONLY**

**Date Received**

Recommendation

\_\_\_\_\_ 1  2  3

Transcripts

Board Scores



# Education

| Name/Location of School         | Dates Attended | Graduate | Degree | Major |
|---------------------------------|----------------|----------|--------|-------|
| College:<br>_____               |                |          |        |       |
| Osteopathic Education:<br>_____ |                |          |        |       |
| Internship:<br>_____            |                |          |        |       |
| Residency Program:<br>_____     |                |          |        |       |
| Other Education:<br>_____       |                |          |        |       |

Please indicate if a surname other than your current name was used at any of the above schools:

School: \_\_\_\_\_

Name: \_\_\_\_\_

Resident of which state: \_\_\_\_\_

# Military

Are you a veteran?     yes     no

Branch of Service \_\_\_\_\_

Entry Date \_\_\_\_\_

Armed Services Number \_\_\_\_\_

Length of Service \_\_\_\_\_

Resident of Which State: \_\_\_\_\_

Military or Public Health Obligations (specify) \_\_\_\_\_

# Awards, Honors, Publications, Special Interests

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# Signature

Please answer each of the following question, if the answer to any is yes, please append full details to this application.

Has your license to practice, in any jurisdiction, ever been revoked, restricted, or suspended?

YES

NO

Have you been the subject of any disciplinary action by any osteopathic medical school within the past five years?

Has a hospital appointment been terminated or restricted or have you resigned after being notified you would be terminated or restricted within the past five year?

Have you ever been convicted of a crime other than minor traffic violation?

Have you ever been involved in a legal proceeding in which professional malpractice on your part was alleged?

Have you ever been subject to disciplinary action for substance abuse?

***Application Statement: I agree that my professional qualifications, including my moral and ethical standing and my competence in clinical skills, will be evaluated by Midwestern University and that the University may make inquiry of the persons named in my application and of other persons, such as authorities of licensing bodies, osteopathic medical schools, hospitals, or other institutions as the University may deem appropriate with respect to such matters; and I agree that the sources and all information furnished to the University in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or to any one acting on my behalf.***

I hereby declare under penalty or perjury that the information given in this application is true and correct to the best of my knowledge and behalf.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please understand that in signing this, you waive your right under the Federal Disclosure law to see your interview evaluations. This application cannot be processed without your signature.

## FOR OFFICE USE ONLY

Approved: Fellowship Committee

Department Chair

Date

Director of Medical Education

Date