



Midwestern University

Fellowship Application

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: _____				
Osteopathic Education: _____				
Internship: _____				
Residency Program: _____				
Other Education: _____				

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

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Has your license to practice, in any jurisdiction, ever been revoked, restricted, or suspended?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