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:

Office of Graduate Medical Education
Franciscan St. James Health
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  

Personal Information

Home Phone: ___________________________  Business Phone: ___________________________
Social Security Number: ___________________________  AOA#
Mailing Address: ____________________________________________________________
                                          ____________________________________________________________
                                          ____________________________________________________________
Email address: ____________________________________________________________

Ethnic Background (optional):  □ Caucasian  □ Asian/Pacific Islander  □ African-American
□ Hispanic  □ American Indian  □ Other __________________________________________
Number in case of emergency: (eg, parents) _______________________________________

References

Professional References: (include address and phone number for each)
1. __________________________________________________________
   __________________________________________________________
   __________________________________________________________
2. __________________________________________________________
   __________________________________________________________
   __________________________________________________________
3. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Briefly state why you seek a fellowship with MWU/CCOM:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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### Education

<table>
<thead>
<tr>
<th>Name/Location of School</th>
<th>Dates Attended</th>
<th>Graduate</th>
<th>Degree</th>
<th>Major</th>
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</thead>
<tbody>
<tr>
<td>College:</td>
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<tr>
<td>Osteopathic Education:</td>
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<td>Internship:</td>
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<td>Residency Program:</td>
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<tr>
<td>Other Education:</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Are you a veteran?</th>
<th>yes</th>
<th>no</th>
<th>Entry Date</th>
<th>Length of Service</th>
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</thead>
<tbody>
<tr>
<td>Branch of Service</td>
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<tr>
<td>Armed Services Number</td>
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<tr>
<td>Resident of Which State:</td>
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<tr>
<td>Military or Public Health Obligations (specify)</td>
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### Awards, Honors, Publications, Special Interests

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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 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 ________________________________