

UNIVERSITY HOSPITALS OF CLEVELAND
 Dept. of Psychiatry
 11100 Euclid Ave.
 Cleveland, Ohio 44106-5000

APPLICATION FOR FORENSIC FELLOWSHIP

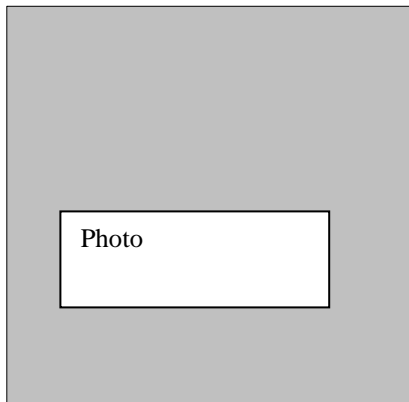
Date: _____

Academic Year beginning July 1, 20__

Name _____ Social Security No. _____
Last First Middle
 DOB: _____

Please supply the following information:

Education	Institution	Address	FULL Dates	Degree
Undergraduate				
Medical School				
Internship				
Residency				
Other				



Signature _____
 Permanent Home Address _____

 Present Address _____

 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Fax: _____
 E-mail: _____

ADDITIONAL INFORMATION

1. License to practice in State(s) of _____ Regist. No(s) _____ Date(s) _____

2. Is there any reason that you could not perform the essential functions of a resident physician in the training program at University Hospitals of Cleveland, with or without accommodation? Yes ____ No ____

If yes, please explain on a separate sheet the required accommodation and how, with it, you could perform the essential functions of the position.

3. If not a U.S. citizen and/or if graduated from a foreign medical school, please complete the following (if applicable):

Type of Visa _____

Do you intend to apply for U.S. citizenship? _____

ECFMG Certificate Number _____

Attach a copy of the certificate or interim certificate. If you are now in the U.S. give date and port of entry _____.

4. Chronological list of activities since graduation from medical school, including publications, academic honors, and any further special training which applicant has had. You may attach a detailed cv instead.

5. USMLE Scores Step 1: _____ Step 2: _____ Step 3: _____ (all required by GME)

Fellowship Appointments: Applications should be forwarded to Phillip J. Resnick, M.D., Department of Psychiatry, at the address on the first page of this application. Supporting documentation for this application should be sent including:

- Curriculum vitae
A personal statement (1-2 pages)
Two current letters of recommendation
Letter from your residency director
Letter from the director of the department in which you most recently served (if not currently a resident)
Letter from the dean's office of your medical school
Two writing samples (preferably forensic reports, or discharge summaries)
Copy of residency graduation certificate
Copy of med school diploma