

**UNIVERSITY OF MARYLAND, BALTIMORE
GERIATRIC POSTDOCTORAL FELLOWSHIP APPLICATION - M.D.**

| 1. NAME (Last) | (First) | (Middle) | | | | |
|---|--------------------------------------|--------------------------------------|-------|----------------|------|--------|
| 2. HOME ADDRESS | TELEPHONE (Home) (_____) | TELEPHONE (Work) (_____) | | | | |
| 3. EDUCATION AND PROFESSIONAL TRAINING | | | | | | |
| a. UNDERGRADUATE/GRADUATE CURRENT CLASS (circle one) Junior Senior | | | | | | |
| NAME OF ALL UNIVERSITIES, COLLEGES OR PROFESSIONAL SCHOOLS ATTENDED | LOCATION | | MAJOR | DATES ATTENDED | | DEGREE |
| | CITY | STATE | | FROM | TO | |
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| b. INTERNSHIP — COMPLETED, CURRENTLY SERVING OR SOON TO COMMENCE | | | | | | |
| HOSPITAL/Graduate /INSTITUTION | ADDRESS | | | YEAR | TYPE | |
| | | | | | | |
| c. RESIDENCY: — Completed Currently Serving Soon to Commence (circle one) | | | | | | |
| d. Date you wish to begin Fellowship Training in Geriatrics ____/____/____ (mo/dy/yr) | | | | | | |
| HOSPITAL/INSTITUTION | ADDRESS | | | YEAR | TYPE | |
| | | | | | | |
| d. OTHER POSTDOCTORAL FELLOWSHIPS, TRAINING OR SPECIALIZED TRAINING | | | | | | |
| | | | | | | |
| 4. MEMBERSHIPS IN HONORARY SOCIETIES/AWARDS | | | | | | |
| | | | | | | |
| 5. REFERENCES: Please list below names and addresses of three physicians and/or basic scientists closely associated your professional career who can evaluate your clinical and research capabilities. You are responsible for requesting them to forward letters of recommendation which speak to your clinical skills and commitment to a career in academic or clinical geriatric medicine. | | | | | | |
| NAME | ADDRESS AND TELEPHONE NUMBER | | | | | |
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2006**

| 7. PREVIOUS RESEARCH OR LABORATORY EXPERIENCE | | | |
|---|--------------------------|--|---------------------------|
| RESEARCH PROGRAM | DIRECTED BY | DATE(S) | TIME SPENT |
| | | | |
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| 8. PUBLICATIONS (use additional paper if necessary) | | | |
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| 9. TYPE OF CAREER PLANNED AND ACADEMIC GOALS IN GERONTOLOGY | | | |
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| 10. WHAT SPECIAL TRAINING OR EXPERIENCE DO YOU SEEK IN GERONTOLOGY? | | | |
| | | | |
| 11. LIST ANY MILITARY AFFILIATIONS: PHS, RESEARCH UNIT, ROTC COMMITMENT, ETC. | | | |
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| 12. ARE YOU NOW OR HAVE YOU EVER BEEN A RECIPIENT OF A PHS FELLOWSHIP AWARD? (Yes or No) | | | |
| | | | |
| 13. CITIZENSHIP: | 13a. VISA STATUS: | 14. DATE OF BOARD CERTIFICATION FLEX OR ABIM: | 15. SOC. SEC. NO.: |
| | | | |
| 16. INCLUSION OF A PHOTOGRAPH WOULD BE HELPFUL FOR WHEN YOU ARRIVE IN BALTIMORE, BUT IS NOT REQUIRED. | | | |
| TODAY'S DATE: | | SIGNATURE: | |
| | | | |
| Return completed application and other information to: | | | |
| Conrad May, M.D. Division of Gerontology (BT/18/GR) Baltimore VA Medical Center 10 North Greene Street Baltimore, MD 21201 FAX: 410-605-7913 | | | |