

NIDDK Hepatology Fellowship Program Application Form

To apply for the Program, download this application, print a copy, and fill in your responses. Please remember to write your name on each page.

Mail your completed application and accompanying documentation to:

T. Jake Liang, M.D.
Chief, Liver Diseases Branch, NIDDK
Bldg. 10/9B16, MSC 1800
9000 Rockville Pike
Bethesda, MD 20892

Section I – Personal Data

Last:
First:
Middle Initial:

Home Address

Street:
City:
State:
Zip:



Contact Information (place an "x" next to your preferred contact number/email)

___ Home Telephone:
___ Work Telephone:
___ Cell:
___ Pager:
___ Email:

Social Security Number: _____ - ____ - _____ Country of Citizenship:
Date of Birth: _____ Place of Birth:
Marital Status: _____ Number of Dependents: _____

U.S. Citizen? ___ Yes ___ No. If "No," what is your visa status:

Permanent Resident ___ J1 ___ H1 ___ Other ___

ECFMG Number: _____

Privacy Notice/Statement

If you voluntarily download and complete this form, DO NOT SEND by e-mail to protect your privacy and personal information; you are advised that e-mail communications are not secure against interception and inadvertent disclosure. If your form includes sensitive information like your Social Security Number or other personal information, it is advisable that you contact us by postal mail or telephone rather than e-mail.

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Section II – Race / Ethnicity (optional)

Providing information on race and ethnicity is optional. If you decline to provide this information, it will in no way affect consideration of your application. This information will be used for the purpose of ensuring that the interview and application processes are free from inequities with respect to age, race or ethnicity.

<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> African American, not of Hispanic origin	<input type="checkbox"/> Caucasian, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____
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Section III – U.S. Military Service

Status: Active Reserve
 Branch: _____

Section IV – Principal Area(s) of Interest

- Clinical Practice
- Clinical Outcomes Research (Studies related to patients or disease processes that involve direct contact between the investigator and humans)
- Basic Science Research (Studies aimed at investigating cellular function, molecular biology and pathophysiology using human materials or experimental models)

Section V – USMLE Scores (Indicate raw totals and percentiles):

Step I	3 digit score: _____	2 digit score: _____
Step II	3 digit score: _____	2 digit score: _____
Step II (Clinical Skills)	pass/fail: _____	
Step III	3 digit score: _____	2 digit score: _____

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Section VI – Education

Education	Institution	City/State	Dates of Attendance	Degree Awarded
College				
Medical School				
Graduate School				
Internship				
Residency				
Fellowship				

Section VII – Licensure

State	Issue Date	Expiration Date	Number

1. Have you ever been denied a license, permit or privilege of taking an examination by any licensing authority? Yes ___ No ___
2. Have you ever had a license encumbered in any way (i.e., revoked, suspended, surrendered, restricted, limited, placed on probations)? Yes ___ No ___
3. Have you ever been named in a malpractice suit? Yes ___ No ___

*If you answered "Yes" to any of these questions, you must attach and sign a detailed explanation. **

Section VIII – Certification

Board:

Year Certified:

Section IX – Honors

Attach a separate page if necessary to specify honors/awards received. Describe in a paragraph your previous research experience or current interests.

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Section X – Personal Statement

Attach a separate page *briefly* outlining your interest in Transplant Hepatology. Please include a description of your career goals after you complete your fellowship training. (Limit to no more than 1 page)

Section XI – References

Four **original** letters of recommendation are required. One letter must be from the Program Director(s) of the accredited U.S. gastroenterology fellowship(s) in which you have served. One letter must be from the Program Director(s) or Department Chair(s) of the accredited U.S. Internal Medicine residency(ies) in which you have served. *List your references below:*

Name	Title	Institution
1.		
2.		
3.		
4.		

Section XII – Publications

List under ***separate categories*** 1) peer reviewed manuscripts, 2) book chapters, 3) abstracts, and/or 4) other articles that have been published or accepted for publication. Please include full references including all authors, title, journal, volume, year, and page numbers.

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Section XIII – Additional Documentation / Checklist

- | | |
|---|---|
| <input type="checkbox"/> Medical School Transcript with official seal | <input type="checkbox"/> Honors |
| <input type="checkbox"/> Internal Medicine Training Certificate | <input type="checkbox"/> Personal Statement |
| <input type="checkbox"/> Official Copy of USMLE Scores | <input type="checkbox"/> References |
| <input type="checkbox"/> Curriculum Vitae | <input type="checkbox"/> Photograph |
| <input type="checkbox"/> Gastroenterology Training Certificate | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Documentation of visa or permanent resident status (if not a U.S. citizen) | |
| <input type="checkbox"/> Licensure explanation* | |

Applicant's Signature: _____

Application Date: _____

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