

**TRANSPLANT NEPHROLOGY FELLOWSHIP APPLICATION**

Date of application: \_\_\_\_\_ Beginning (month/year) \_\_\_\_\_

Name (Last, First, Middle, no initials) \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone \_\_\_\_\_ Business E-mail Address: \_\_\_\_\_

Home Address \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizen of \_\_\_\_\_

If not U.S. Citizen, indicate visa type or if permanent resident :

Do you have any disabilities that may affect the performance of your duties? If yes please explain:

\_\_\_\_\_

**UNDERGRADUATE EDUCATION** (list in chronological order)

Name of School	City/State/Country	Date		Degree
		From	To	

**MEDICAL SCHOOL**

Name of School	City/State/Country	Date		Degree
		From	To	

**USMLE:**

Step 1 \_\_\_\_\_ / \_\_\_\_\_ Step II \_\_\_\_\_ / \_\_\_\_\_ /Step III \_\_\_\_\_ / \_\_\_\_\_  
(date taken) (score) (date taken) (score) (date taken) (score)

Step II/CS \_\_\_\_\_ / \_\_\_\_\_  
(date taken) (pass/fail)

**COMLEX (if applicable):** \_\_\_\_\_

**INFORMATION REQUIRED OF GRADUATES FROM NON-US SCHOOLS**

ECFMG Certificate No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Valid Through \_\_\_\_\_  
(attach copy of certificate)

**RESIDENCY/FELLOWSHIP TRAINING**

**1st Year Postgraduate** \_\_\_\_\_  
Specialty \_\_\_\_\_ (Mo/Yr) to (Mo/Yr)  
Institution Name: \_\_\_\_\_ City/State \_\_\_\_\_

**2nd Year Postgraduate** \_\_\_\_\_  
Specialty \_\_\_\_\_ (Mo/Yr) to (Mo/Yr)  
Institution Name: \_\_\_\_\_ City/State \_\_\_\_\_

**3rd Year Postgraduate** \_\_\_\_\_  
Specialty \_\_\_\_\_ (Mo/Yr) to (Mo/Yr)  
Institution Name: \_\_\_\_\_ City/State \_\_\_\_\_

**Fellowship** \_\_\_\_\_  
Specialty \_\_\_\_\_ (Mo/Yr) to (Mo/Yr)  
Institution Name: \_\_\_\_\_ City/State \_\_\_\_\_

**Other Postgraduate Training** \_\_\_\_\_  
Specialty \_\_\_\_\_ (Mo/Yr) to (Mo/Yr)  
Institution Name: \_\_\_\_\_ City/State \_\_\_\_\_

**PREVIOUS EDUCATIONAL OR RESEARCH EXPERIENCE, INCLUDING PUBLICATIONS: (may attach CV)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic and other honors: \_\_\_\_\_  
\_\_\_\_\_

Membership in scientific and professional organizations:  
\_\_\_\_\_  
\_\_\_\_\_

Extracurricular Activities:

**NATIONAL BOARD EXAMINATIONS (dates taken and results)**

\_\_\_\_\_  
\_\_\_\_\_

**LICENSURE**

<i>Description</i>	<i>State</i>	<i>Number</i>	<i>Date of Issue</i>	<i>Expires</i>
Medical: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
DEA Number: _____	_____	_____	_____	_____
Other (specify): _____	_____	_____	_____	_____

**LETTERS OF RECOMMENDATION:**

Three letters of recommendation are required and one letter should be from your Nephrology Fellowship Program Director. Letters should be sent directly to the UAB Transplant Fellowship Program Director and Fellowship Coordinator.

- (1) \_\_\_\_\_  
\_\_\_\_\_
- (2) \_\_\_\_\_  
\_\_\_\_\_
- (3) \_\_\_\_\_  
\_\_\_\_\_

Military Service: (include rank, Branch of Service and Dates) \_\_\_\_\_

**DISCLOSURES**

Do you now abuse chemical substances\*, as defined herein? ..... Yes\_\_\_ No \_\_\_

Have you ever been convicted of any charge(s) related to or pertaining to chemical substance abuse\*, or the possession, sale or distribution of illegal or legally controlled substances? ..... Yes\_\_\_ No \_\_\_

\*(Substance abuse is defined as using drugs for non-medical reasons in an attempt to influence the mind and body, to alter emotions and senses, and to escape reality. A drug can be considered as any substance, other than food and including alcohol, that has an effect on the central nervous system or other systems of the body.)

CRIMINAL RECORD: Have you ever been convicted of a crime, other than a minor traffic violation Yes No  
If yes please explain \_\_\_\_\_

Is there any malpractice action or claim pending against you? ..... Yes\_\_\_ No \_

Has there ever been a malpractice judgment against you or a monetary settlement of a claim against you? .... Yes\_\_\_ No \_

Have you ever been refused medical licensure? ..... Yes\_\_\_ No \_

Has your medical license ever been suspended or revoked? ..... Yes\_\_\_ No \_

If you answered "Yes" to any of the above, give details. For each, give (1) date, (2) charge, (3) place, (4) court, (5) action taken. (Use additional sheets if necessary.) \_\_\_\_\_  
\_\_\_\_\_

**COMMENTS (Please indicate any special experience or qualifications not covered in this form)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LONG TERM CAREER PLANS and RESEARCH INTERESTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY that the answers to the foregoing questions are true and complete to the best of my knowledge and belief, and are made in good faith. I give UAB the right to contact all persons (organizations) named to gain information relevant to this application. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds to UAB to terminate my fellowship without notice. I acknowledge by my signature that I have read and understand these statements.

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Signature of Applicant (sign in ink)

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Date

Please submit application by email to

Jessica Hargrove  
Program Coordinator  
Transplant Nephrology Fellowship Program UAB Division of Nephrology  
THT 643  
1720 Second Avenue South  
Birmingham, AL 352945-0006  
Tel:205-934-7023  
Email: [jhayes@uabmc.edu](mailto:jhayes@uabmc.edu)