



Application for Advanced Fellowship in Inflammatory Bowel Disease

For Training Period: July 1, 20__ to June 30, 20__

APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Country _____ Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email Address _____

CITIZENSHIP

Citizenship (*please check one*) ☐ U.S. Citizen ☐ Permanent Resident

If not a citizen or permanent resident, please give visa status: _____

EDUCATION

Undergraduate _____ Date of Graduation _____

Medical School _____ Date of Graduation _____

Honors and Awards _____

Degree upon Completion _____

Relative Class Rank _____

Internship _____ Inclusive Dates _____

Residency _____ Inclusive Dates _____

Fellowship _____ Inclusive Dates _____

USMLE Scores:

Part I _____ Part II _____ Part III _____

ECFMG Certificate No. _____ ECFMG Issue Date: _____

Please provide a hard copy of the USMLE Scores and your ECFMG Certificate.

EXPERIENCE

Please provide hospital and research practical experience in an attached CV.

APPLICATION REQUIREMENTS

Please submit the following with your application. You may submit your application electronically, but must also have hard copies of the following:

1. Completed and signed hard copy of the application
 2. Curriculum Vitae
 3. Personal statement detailing your interests, plans for the future and any research/clinical activities you wish to accomplish during the fellowship
 4. Hard copies of your USMLE scores
 5. Residency and fellowship completion certificates
 6. Copy of your ECFMG certificate if you are a foreign medical graduate
 7. Three letters of recommendation addressed to Anita Afzali, MD, Medical Director of the Inflammatory Bowel Disease Center
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APPLICATION SUBMISSION

Please send application to:

Melissa Engle
Office Associate
395 W 12th Ave. Room 268
Columbus OH, 43210
Melissa.Engle@osumc.edu
(614)-688-6710

Signature of applicant: _____ Date: _____