



# THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

## Application for Fellowship in Advanced Clinical and Transplant Hepatology

NAME (Last, First, Middle) \_\_\_\_\_

ADDRESS (Street) \_\_\_\_\_

(City, State, & Zip code) \_\_\_\_\_

PHONE NUMBER Home: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

MEDICAL LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

COMMENCEMENT DATE OF FELLOWSHIP: \_\_\_\_\_

Please send completed application to:

Transplant Hepatology Fellowship  
The Ohio State University Wexner Medical Center  
Division of Gastroenterology, Hepatology, and  
Nutrition 395 W 12<sup>th</sup> Ave. Room 346A  
Columbus, OH 43210

Emily.McCartney@osumc.edu

**LETTER OF INTEREST:** On a separate sheet, please summarize in up to 300 words your present interests, plans for the future and any additional information that you think will be helpful in processing your application, and identifying a suitable mentor for your planned fellowship. Also, please describe briefly any research or special clinical activities in which you hope/expect to spend time during a fellowship in this program.

**PLEASE provide separate curriculum vitae including publications with this application.**

**LETTERS OF RECOMMENDATION:** Please ask three individuals to send a letter of recommendation commenting on your clinical competence, background, achievements, and potential to the Education Coordinator (see mailing address). List their names and addresses here:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_