COMMUNITY BRIDGES/HONORHEALTH
INTEGRATED ADDICTION MEDICINE FELLOWSHIP

APPLICATION FORM 2019-2020

Demographics Information:

Name (last, first, middle): _____

Address (present): _____

Telephone (xxx-xxx-xxxx): _____

E-mail: _____

Do you require sponsorship for employment visa status? ☐ Yes ☐ No

Did you graduate from an ACGME-accredited program in one of the following specialties: anesthesiology, emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, or psychiatry? ☐ Yes ☐ No

PLEASE NOTE: *If you have responded 'yes' to the first question or 'no' to the second question above, please do not proceed with completing this application. The program is unable to sponsor a visa and only accepts trainees from ACGME accredited programs.*

Have you ever been convicted of a criminal offense, either misdemeanor or felony other than minor traffic violations? ☐ Yes ☐ No

If yes, please explain here _____

_____

Has your medical license ever been revoked or put on probation status? (yes or no): _____

If yes, please explain here _____

_____

GME Education and Training: *Please provide a photocopy of each certificate.*

Residency: _____
Institution City and State Years at Institution

Residency: _____
Institution City and State Years at Institution

Fellowship: _____
Institution City and State Years at Institution

Fellowship: _____
Institution City and State Years at Institution

USMLE/COMLEX Step III Date Passed: _____

Medical School(s): *Please provide a photocopy of each medical school diploma.*

Institution	Inclusive Dates	Degrees	Major	Minor

Graduate Program(s):

Institution	Inclusive Dates	Degrees	Major	Minor

Undergraduate Program(s):

Institution	Inclusive Dates	Degrees	Major	Minor

Medical Licensure(s):

1. State: _____ License: _____ Status: _____
2. State: _____ License: _____ Status: _____
3. State: _____ License: _____ Status: _____

Do you have a DEA DATA Waiver Buprenorphine (yes or no): _____

If yes, how many patients: _____ DEA Licensure #: _____

Board Certification: *If yes, list each specialty.*

Board Certified (yes or no):_____

Specialty:_____ Date:_____

Specialty:_____ Date:_____

Specialty:_____ Date:_____

Board Eligibility: If yes, list each specialty.

Board Eligible (yes, no, or n/a):_____

Specialty:_____ Date Planned:_____

Specialty:_____ Date Planned:_____

Specialty:_____ Date Planned:_____

References:

Please provide the names of your three current professional references.

1. _____

Name Title & institution Telephone E-mail

2. _____

Name Title & institution Telephone E-mail

3. _____

Name Title & institution Telephone E-mail

Other Supporting Materials: *Please provide/attach the following documents to this application.*

- ☐ Current curriculum vitae.
- ☐ Copy of certificate(s) of each of your education and training.
- ☐ Must provide Residency Program Director letter of recommendation if graduated within the last 5 years.
- ☐ Residency summation letter (if graduated).
- ☐ One page personal statement describing your interest in addiction medicine and your career goals upon fellowship completion.

Digital Signature:_____ Date: _____

Submitting Application and Supporting Documents:

Please e-mail this document with all requested information to Carol Babineaux, Program Coordinator at cbabineaux@cbridges.com Phone: 480-831-7566