



## GERIATRIC MEDICINE FELLOWSHIP

### APPLICATION FORM\*

#### Demographic Information:

Name (last, first, middle): \_\_\_\_\_

Address (present): \_\_\_\_\_

Telephone (xxx-xxx-xxxx): \_\_\_\_\_

E-mail: \_\_\_\_\_

Please select the eligible ACGME-accredited residency program that you graduated from:

Family medicine     Internal medicine

**PLEASE NOTE:** We do NOT sponsor visas. Please do not proceed with completing this application if you did not graduate from an ACGME – accredited Internal Medicine or Family Medicine Program or require a visa sponsor.

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

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Has your medical license ever been revoked or put on probation status?     Yes     No

If yes, please explain here

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**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                      Degree(s)                      Major                      Minor

\_\_\_\_\_  
Institution                      Inclusive Dates                      Degree(s)                      Major                      Minor

**Graduate Program(s):**

\_\_\_\_\_  
Institution                      Inclusive Dates                      Degree(s)                      Major                      Minor

\_\_\_\_\_  
Institution                      Inclusive Dates                      Degree(s)                      Major                      Minor

**Undergraduate Program(s):**

Institution	Inclusive Dates	Degree(s)	Major	Minor
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Institution	Inclusive Dates	Degree(s)	Major	Minor
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**Medical Licensure(s):**

1. State: \_\_\_\_\_ License: \_\_\_\_\_ Status: \_\_\_\_\_

2. State: \_\_\_\_\_ License: \_\_\_\_\_ Status: \_\_\_\_\_

3. State: \_\_\_\_\_ License: \_\_\_\_\_ Status: \_\_\_\_\_

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

Board certified:  Yes  No

Specialty: \_\_\_\_\_ Date: \_\_\_\_\_

Specialty: \_\_\_\_\_ Date: \_\_\_\_\_

Specialty: \_\_\_\_\_ Date: \_\_\_\_\_

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

Board certified:  Yes  No  N/A

Specialty: \_\_\_\_\_ Date Planned: \_\_\_\_\_

Specialty: \_\_\_\_\_ Date Planned: \_\_\_\_\_

Specialty: \_\_\_\_\_ Date Planned: \_\_\_\_\_



**References:**

Please provide the names of 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.*

- Curriculum vitae
- Personal statement describing your interest in and commitment to a career in geriatric medicine as well as your career goals upon fellowship completion
- Three letters of recommendation, one of which should be from your department head, program director or division chief
- Official medical school transcripts
- Official test transcripts for all applicable examinations (USMLE or COMPLEX)
- A valid ECFMG certificate (if you graduated from medical school outside of the United States)

Digital Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submitting Application and Supporting Documents:**

Please e-mail this document with all requested information to [GeriatricsFellowship@honorhealth.com](mailto:GeriatricsFellowship@honorhealth.com)

**\*Applications for future recruiting cycles will need to be submitted through ERAS**