

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: _____

Date of Birth (month / day / year): _____

Social Security (xxx-xx-xxxx): _____

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: _____
4. 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