

**Department of Medicine  
Emory University  
Transplant Nephrology  
1365 Clifton Road, Suite B6100  
Atlanta, Georgia 30322  
(Application for Transplant Nephrology Fellowship)**

Name \_\_\_\_\_  
Last First Middle

Type of Fellowship: Subspecialty \_\_\_\_\_  
Beginning (year) \_\_\_\_\_  
through \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (Include area code) \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number/ e-mail \_\_\_\_\_

Permanent Address  
\_\_\_\_\_

Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_

Citizenship \_\_\_\_\_

(If not a citizen of the United States, please enclose a copy of your immigration visa together with the date and results of the Foreign Medical Graduate Test.)

Do you have any disabilities that would prevent you from fulfilling your job duties? \_\_\_\_\_

Military Service:  
Dates, rank, and location \_\_\_\_\_

Education:

<u>Name</u>	<u>Place</u>	<u>Degrees</u>	<u>Year</u>
High School	_____	_____	_____
College	_____	_____	_____
Medical School	_____	_____	_____

Post-Graduate Medical Training:

<u>Name of Hospital</u>	<u>Type</u>	<u>Chief of Service</u>
Internship	_____	_____
From _____	To _____	
Jr. Asst. Residency	_____	_____
From _____	To _____	
Sr. Asst. Residency	_____	_____
From _____	To _____	

Other Post-Graduate Training:

<u>Dates</u>	<u>Name of Hospital</u>	<u>Type</u>	<u>Chief of Service</u>
_____	_____	_____	_____
_____	_____	_____	_____

Post-Graduate Research Training:

<u>Dates</u>	<u>Name of Hospital</u>	<u>Type</u>	<u>Chief of Service</u>
_____	_____	_____	_____
_____	_____	_____	_____

Previous informal research experience (as a student or house officer): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present position and institution: \_\_\_\_\_  
\_\_\_\_\_

Present Chief of Service \_\_\_\_\_  
Address \_\_\_\_\_

National and State Board Examination (Dates taken and results) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what states are you licensed to practice? \_\_\_\_\_

Bibliography (List all authors in proper sequence, name of article, journal, inclusive pages, dates, and enclose one reprint of each article)

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Social, medical and scientific affiliations

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Hobbies:

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Letters of recommendation (applicant should request they be sent directly to the Renal Transplant Fellowship Director and Program- Coordinator )

1. Current Chief of Service.

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2. Two other physicians who are qualified to evaluate the applicant's ability and qualifications for the specific fellowship.

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**PLEASE NOTE:** (Letters 2-6 should refer to the applicant's term of service and to his ability and performance, particularly in reference to the type of fellowship for which application is being made.

3. If applicant is in service, he should request a letter of recommendation from his commanding officer.

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4. **Please indicate your area (s) of interest (s) in research (bench or clinical).**  
For information regarding the Renal Fellowship program please see our web-site at [www.emory.edu.RENAL/](http://www.emory.edu.RENAL/)

Indicate any faculty members you would like to interview with.

Long term career plans: (be as specific as possible)

Signed\_\_\_\_\_

Date\_\_\_\_\_