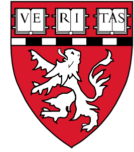
Beth Israel Deaconess Medical Center
Department of Surgery
Division of Transplantation

Application for Fellowship Training

ALL QUESTIONS MUST BE ANSWERED IN FULL



Fellowship years ____________________

Name: ____ S.S.#: ____________________

Present Address: ____
Zip Phone

Permanent Address: ____
Zip Phone

EDUCATION [list all schools attended]:

Dates Attended	Institution/Location	Major	Degree & Date
UNDERGRADUATE:			
______	______	______	______
______	______	______	______
GRADUATE EDUCATION and/or MEDICAL SCHOOL:			
______	______	______	______
______	______	______	______

HOSPITAL EXPERIENCE AND TRAINING, WITH DATES. LIST ALL CREDITABLE TRAINING RECEIVED TO DATE:

	Institution	Dates Attended
______ (Internship)	______	______
______ (Residency)	______	______
______ (Fellowship)	______	______

EXAMINATIONS:

USMLE

Part I: Date Taken: ____________________ Score: ____________________

Part II: Date Taken: ____________________ Score: ____________________

Part III: Date Taken: ____________________ Score: ____________________

AOA: Yes ________ No ________ Not Applicable ________

MC0053

Continued on Reverse > > >

If not a U.S. citizen, specify current visa status: ______________________________

If graduate of a foreign medical school: ECFMG #______________ Date Issued ____________
(attach photocopy of certificate)

REFERENCES: List the names & addresses of three (3) persons from whom we will receive recommendations on your behalf: (required within 30 days of application)

1. ______________________________
2. ______________________________
3. ______________________________

Signed: ______________________________ Date: ____________

DOCUMENTATION REQUIRED:

Complete application form and return it, together with a CURRENT CURRICULUM VITAE to:

Douglas Hanto, M.D., Ph.D.
Chief, Division of Transplantation
Beth Israel Deaconess Medical Center
110 Francis Street -- 7th Floor
Boston, MA 02215

A recent photograph
--for identification
purposes only--
would be appreciated.

The Beth Israel Deaconess Medical Center Surgical Programs prohibit discrimination on the basis of race, color, national origin, marital status, religion, gender, age, physical or mental handicap, and status as a disabled veteran of the Vietnam era. This policy extends to all rights, privileges, programs and activities.