



Graduate Medical Education
9500 Euclid Ave./NA23 | Cleveland OH 44195

APPLICATION FOR FELLOWSHIP

Email the completed application to directly to the program contact for which you are applying. The program contact list can be found [here](#).

Program applying for: _____

To begin on _____ at Graduate Level _____

 Last Name First Middle (No Initial)

 Present Street Address City State ZIP Code Country

 Home Phone Work Phone Cell Phone

 Permanent Address Home Telephone Work Telephone

 City State ZIP Code Country

 Email Address Fax Number (If international, please provide country and city codes)

EDUCATION:

 College or University City State Beginning Ending Major

 Advanced Degree School City State Beginning Ending Degree Granted

 Medical School City State Beginning Ending Degree Granted

CERTIFYING EXAMS:

USMLE COMLEX Other: _____

 Step or Part 1 Step or Part 2 ck Step or Part 2 cs Step or Part 3

HOSPITAL EXPERIENCE: (Please list all previous training. Use additional sheet if necessary.)

 Program Hospital City State beginning ending U.S. International

 Program Hospital City State beginning ending U.S. International

 Program Hospital City State beginning ending U.S. International

 Program Hospital City State beginning ending U.S. International

1. Do you currently hold a medical license? Yes No

2. List states where you hold permanent licensure - include number and expiration date:

| State | License Number | Expiration | State | License Number | Expiration |
|-------|----------------|------------|-------|----------------|------------|
| | | | | | |
| | | | | | |

3. Have you ever been denied a medical license or had a license revoked? Yes No

If yes, explain: _____

4. International Medical Graduates Only:

Are you certified by the E.C.F.M.G.? Yes No

Certificate number: _____ Certificate issue date: _____

5. Citizen of U.S.? Yes No If no, Permanent resident? Yes No If yes, Alien number: A# _____

If not a citizen or permanent resident, are you currently in the U.S.? Yes No

If so, what is your status?

- Exchange Visitor Visa (J-1) Research Clinical How long? _____
- H1B Visa Research Clinical How long? _____
- Other Exp. date _____

If not in the U.S., what type of Visa may we advise you about: J-1 H-1B

6. References and Supporting Documents:

PGYI: Please submit a CV, Personal Statement, Deans Letter, USMLE (or COMLEX) score reports, Transcripts, and at least two letters of recommendation from physicians whom have supervised you in a clinical setting as well as a class standing, if available.

PGYII/above: Please submit a CV, personal statement, Deans letter, USMLE (or COMLEX) score reports, transcripts, a letter of support from your residency program director and at least two letters of recommendation from other physicians whom have supervised you in a clinical setting as well as certificate (or other validation) of all previous training.

INTERNATIONAL GRADUATES:

In addition to the requirements above, please send a certified copy of your E.C.F.M.G. certificate.

REFERENCES AND SUPPORTING DOCUMENTS WILL NOT BE RETURNED.

The policy of Cleveland Clinic and its system hospitals is to provide equal opportunity to all of our employees and applicants for employment. Decisions concerning employment, transfers and promotions are made upon the basis of the best qualified candidate without regard to color, race, religion, national origin, age, sex, sexual orientation, marital status, ancestry, status as a disabled or Vietnam era veteran or any other characteristic protected by law.

I certify that the information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by Cleveland Clinic; or lead to other investigative and/or legal action.

Signed _____ Date _____