

**University of South Carolina School of Medicine / Palmetto Health
Richland**

Application for Primary Care Ultrasound Fellowship for 2018 to 2019

1. Name

(Last)

(First)

(Middle)

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2. Social Security Number: _____

3. I am applying for the following Primary Care Ultrasound Fellowship Program:

Identify One:

Family Medicine	
Internal Medicine	
Pediatrics	

4. Anticipated Starting Date of Program: _____ July 2018

5. Permanent Address:

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Phone No. _____

6. Present Address

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Phone No. _____

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7. Personal statement (see instructions; use additional sheet, if necessary):

Item 7, Personal statement continued:

8. Letters of reference have been requested from the following individuals (see instructions):

A. Name and title:
Institution:
Address:

B. Name and title:
Institution:
Address:

C. Name and title:
Institution:
Address:

(Check one)

<input type="checkbox"/>	I hereby waive access to the above letters and will so inform the authors.
<input type="checkbox"/>	I desire access to the above letters and will so inform the authors

Signature: _____ Date: _____

Name of applicant (type or print): _____

9. Name

(Last)

(First)

(Middle)

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10. Social Security Number: _____

11. Date of Birth: _____

12. ECMG No., Valid Date Until / Date Issued: _____

13. Present Phone Nos

Day: _____ Evening: _____

Email address: _____

14. Place of Birth: _____

15. Permanent Address (Name of person through whom I can always be contacted)

C/O: _____

(Street) (City) (State) (Zip Code)

16. Permanent Phone No. _____

17. Marital Status / Dependents: _____

If married, spouse's name: _____

18. Citizenship

Check one:

United States	<input type="checkbox"/>
Other – specify	<input type="checkbox"/>

19. Visa status (if applies)

Check one

Permanent	<input type="checkbox"/>
Temporary	<input type="checkbox"/>

Medical Education

20. Medical School(s)

(Name)

(City)

(State)

21. Month/Year of Graduation from Medical School: _____

22. GPA: _____ Class Rank: _____

23. Honors/Awards

24. I have passed the examinations checked below on the dates indicated:

USMLE, Step 1 (date): _____ Score: _____

USMLE, Step 2 (date): _____ Score: _____

USMLE, Step 3 (date): _____ Score: _____

Graduate Education

25. Residencies / Graduate School(s)	From (Mo/Yr)	To (Mo/Yr)	Area of Study	Graduate Degrees (if any)
Name: City: State:				
Name: City: State:				

26. I am Board Eligible _____ or Board Certified _____ (check one)

In the following specialty(ies):

Family Medicine: _____ (yes/no)

Internal Medicine: _____ (yes/no)

Pediatrics: _____ (yes/no)

27. I am licensed in the following state(s):

28. Service obligations (National Health Service Corps, Armed Forces Scholarship, State programs, etc.)

I am not required to fulfill any service obligations _____ (yes/no)

I am committed to fulfill a service obligation beginning _____ (Mo/Yr)

29. Interview Scheduling

The following general time period is most convenient for me:

From _____ To: _____

I am able to schedule an interview on the following specific date(s):

I have read and I understand the instructions for the completion of this application. I certify that the information submitted on these application materials is complete and correct to the best of my knowledge: I understand that any false or missing information may disqualify me for this position.

Signature of Applicant: _____

Date: _____

Note: The signature and date on each application must be original.

**Instructions for University of South Carolina School of Medicine / Palmetto Health
Richland Primary Care Ultrasound Fellowship Application**

Please type or print legibly in black ink

Personal Statement (Item 7): The Personal Statement provides you the opportunity to communicate your professional interests, goals, and achievements with regard to training, research experience, special projects, and professional accomplishments. Bibliographic references should be provided for all published papers. Program Directors are also interested in your future plans as defined by your specialty goal.

References (Item 8): Space is provided for a maximum of three letters of reference. References should be from faculty members or physicians who are familiar with your credentials and are in a position to comment on your suitability for the position you seek.