APPLICATION for FELLOWSHIP - INSTRUCTIONS

PLEASE READ CAREFULLY

Honors/Awards (page 1, item 8): List all honors/awards, including membership in honor societies. Specify the basis for any special recognition (i.e., academic performance, special accomplishments, leadership, research, community service, etc.)

Personal Statement (page 2, item 11): The Personal Statement provides you the opportunity to communicate your professional interests and achievements with regard to research experience and training, special proejcts, and professional accomplishments. Bibliographic references should be provided for all published papers. We are also interested in your future plans as defined by your specialty goal and the number of years you intend to devote to graduate education.

You may also wish to describe your personal interests, activities and circumstances. As transcripts of your academic accomplishments are most likely to be required, any interruption in your education should be explalined in the Personal Statement.

References (page 3, item 12): 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.

Signatures (page 3, item 15): Please note signature requirement pertains to both the letter of reference waiver and for application content.

SUBMISSION INSTRUCTIONS:

This is a pdf form that will accept your answers. Please complete, digitally sign, save and submit application by email to: Nephrology_T32@virginia.edu

Once completed, review and save. Then in block 15, digitally sign the application and save once more. Should you not have that capability, we will accept a neat and legible handwritten form with a recognizable signature. Please fax to the attention of Lena Garrison at 434-924-9578. You may also scan and send this form by email to Nephrology_T32@virginia.edu

We prefer all inquiries be sent to the Nephrology T32 mailbox. However, should you need to contact us, we provide the following additional contact information:

Mark D. Okusa, M.D.
mdo7y@virginia.edu

with cc: to the attention of
Lena Garrison, CRA
lgs3z@virginia.edu
Tel: 434-924-9629

University of Virginia Health System
Division of Nephrology/CIIR
PO Box 800133
Charlottesville VA 22908-0133

APPLICATION for FELLOWSHIP

University of Virginia Neprhology NIDDK T32 Training Program

Director: Mark D. Okusa, M.D. **Contact Info:** mdo7y@virginia.edu

For questions/clarifications, detailed contact information, instructions for digital signatures or how to submit this application, please refer to the INSTRUCTION PAGE at the end of the document.

POSITION BEGINNING: ◯ **August 1, 2012** ◯ **August 1, 2013**

NAME: (LAST) (FIRST) (MIDDLE)

DEMOGRAPHIC INFORMATION

1. NAME (LAST) (FIRST) (MIDDLE)			2. DRIVERS LICENSE NO and STATE
4. PRESENT ADDRESS (STREET)			3. DATE OF BIRTH
CITY	STATE		ZIP
5. PRESENT PHONE NOS: (Work) (Cell) (Home)			
6. INDICATE WHETHER ◯ US CITIZENSHIP or ◯ PERMANENT RESIDENT:			

GRADUATE EDUCATION

7. GRADUATE SCHOOL(S)	DATES ATTENDED FROM (MO/YR)	TO (MO/YR)	GRADUATE DEGREE (IF ANY)	AREA OF STUDY
A. NAME				
CITY	STATE		ZIP	
B. NAME				
CITY	STATE		ZIP	

8. HONORS AND AWARDS:

UNDERGRADUATE EDUCATION

9. UNDERGRADUATE COLLEGE(S)	DATES ATTENDED FROM (MO/YR)	TO (MO/YR)	DEGREE (IF ANY)	MAJOR
A. NAME				
CITY	STATE		ZIP	
B. NAME				
CITY	STATE		ZIP	
C. NAME				
CITY	STATE		ZIP	

SERVICE OBLIGATIONS

10. SERVICE OBLIGATIONS (*NATIONAL HEALTH SERVICE CORPS, ARMED FORCES SCHOLARSHIP, STATE PROGRAMS, ETC.*)

◯ I AM **NOT** REQUIRED TO FULFILL ANY SERVICE OBLIGATIONS

◯ I **AM COMMITTED** TO FULFILL A SERVICE OBLIGATION BEGINNING ON

0 **NUMBER** OF YEARS COMMITTED

APPLICATION for FELLOWSHIP

NAME:

(LAST) (FIRST) (MIDDLE)

11. PERSONAL STATEMENT (SEE INSTRUCTIONS, USE ADDITION SHEET IF NECESSARY)

APPLICATION for FELLOWSHIP

NAME: (LAST) (FIRST) (MIDDLE)

12. LETTERS OF REFERENCE HAVE BEEN REQUESTED FROM THE FOLLOWING INDIVIDUALS:

A. NAME AND TITLE:

INSTITUTION:

ADDRESS:

B. NAME AND TITLE

INSTITUTION

ADDRESS

C. NAME AND TITLE

INSTITUTION

ADDRESS

D. NAME AND TITLE

INSTITUTION

ADDRESS

13. SELECT ONE:

- ◯ **I HERBY WAIVE ACCESS TO THE ABOVE LETTER AND WILL SO INFORM THE AUTHORS.**
- ◯ **I DESIRE ACCESS TO THE ABOVE LETTERS AND WILL SO INFORM THE AUTHORS.**

INTERVIEW SCHEDULING

14. SELECT ONE:

- ◯ **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):**
  DATE: DATE: DATE:
- ◯ **I AM <u>NOT</u> ABLE TO COME FOR AN INTERVIEW. PLEASE CONSIDER ALTERNATIVES.**

I have read and I understand the instructions for the completion of this application. I certify that the information submitted on this application is complete and correct to the best of my knowledge: I understand that any false or missing information may disqualify me for this position. **(PLEASE CREATE DIGITAL SIGNATURE IN BOX TO THE RIGHT)**

15.