

SUNY Health Center in Brooklyn  
**APPLICATION FOR ENDOCRINE FELLOWSHIP FOR JULY \_\_\_\_\_**

PROGRAM DIRECTOR	SERVICE APPLIED TO
a. <input type="radio"/> RESIDENCY: In the <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 2 <sup>nd</sup> <input type="radio"/> 3 <sup>rd</sup> <input type="radio"/> 4 <sup>th</sup> <input type="radio"/> 5 <sup>th</sup> <input type="radio"/> 6 <sup>th</sup> year of post-medical school b. <input type="radio"/> SUBSPECIALTY, RESIDENCY OR FELLOWSHIP in the <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 2 <sup>nd</sup> <input type="radio"/> 3 <sup>rd</sup> <input type="radio"/> 4 <sup>th</sup> <input type="radio"/> 5 <sup>th</sup> <input type="radio"/> 6 <sup>th</sup> year of post-medical school training c. <input type="radio"/> RESEARCH FELLOWSHIP: (Indicate Specialty of Service) _____ <input type="radio"/> Full time <input type="radio"/> Part time	

<b>PERSONAL DATA</b>	LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
	CURRENT ADDRESS (Street, City/State, Zip)			PHONE
	LOCAL ADDRESS (Street, City/State, Zip)			PHONE
	EMERGENCY CONTACT PERSON (Name and Address)			PHONE

<b>EDUCATION</b>	NRMP <input type="radio"/> NO <input type="radio"/> YES	NUMBER				
	UNDERGRADUATE EDUCATION/COLLEGE	CITY	STATE	YEAR GRADUATED	DEGREE (SPECIFY)	
	MEDICAL / DENTAL COLLEGE	CITY	STATE	FROM	TO	DEGREE (SPECIFY)
I <input type="radio"/> was <input type="radio"/> will be granted a diploma as: <input type="radio"/> DO <input type="radio"/> DDS <input type="radio"/> DMD <input type="radio"/> MD 5 <sup>th</sup> Pathway <input type="radio"/> NO <input type="radio"/> YES (If yes, indicate name of hospital, medical school affiliation and period attended)						

<b>FOREIGN MEDICAL SCHOOL GRADUATES</b>	ECFMG #	ISSUE DATE:	EXPIRATION DATE:
	One of these items must be completed by graduates of foreign medical schools, including US citizens. a. <input type="radio"/> I have a standard Certificate from the Educational Commission for Foreign Medical Graduates b. <input type="radio"/> I took the exam on (Month, Day, Year) _____, and am awaiting results. c. <input type="radio"/> I have been notified that I may take the FMGEMS examination on (month, Day, Year) _____ d. <input type="radio"/> I will file application with the ECFMG to have my medical education credentials evaluated and to receive permission to take the examination. Indicate date on which application will be filed (Month, Day, Year) _____ e. <input type="radio"/> English Proficiency Exam completed. f. <input type="radio"/> Test of English as Foreign Language (TOEFL) Has there been any action taken against you for the professional misconduct or malpractice or has any disciplinary action been taken concerning your performance in prior residency training positions or in medical school? <input type="radio"/> No <input type="radio"/> Yes If yes, supply any information		
VISA STATUS: <input type="radio"/> Permanent Resident (PR) <input type="radio"/> U.S. Born <input type="radio"/> Naturalized Citizen (NC) <input type="radio"/> J-1 <input type="radio"/> H-1B <input type="radio"/> Other			



