



APPLICATION FOR SPORTS MEDICINE FELLOWSHIP

Personal Data:

Last Name: _____ First: _____ Middle Initial: _____

Present Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: () _____ Work: () _____ Fax () _____

Permanent Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: () _____ Work: () _____ Fax () _____

Email: _____

Citizenship: _____ Visa: _____ Social Security Number: _____

Are you aware of any limitation which would prevent you from performing the duties of the fellowship for which you are applying? YES NO

College or University	City/State	Dates	Degree
College or University	City/State	Dates	Degree
College or University	City/State	Dates	Degree
Advanced Degree School	City/State	Dates	Degree
Advanced Degree School	City/State	Dates	Degree
Advanced Degree School	City/State	Dates	Degree
Medical School	City/State	Dates	Degree

National Board of Medical Examiners Scores: I _____ II _____ III _____

Flex Scores: I _____ II _____

USMLE: I _____ II _____ III _____

Hospital Experience: (Please list all previous training. Use additional sheet if necessary)

PGY-1:

Hospital	City/State	Dates	Specialty
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Residency:

Hospital	City/State	Dates	Specialty
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Hospital	City/State	Dates	Specialty
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Hospital	City/State	Dates	Specialty
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Previous Practice Experience:

Sports Medicine Experience:

Additional Personal Data:

1. Work Experience Prior to Medical Training:
Occupation/Title

Dates

2. Military Status (U.S.A.): present status and service record

a. Do you hold a Reserve Commission

Yes No

Branch: _____ Rank: _____

b. Have you served in the military or U.S.P.H.S.?

Yes No

Have you attended summer training camp?

Yes No

c. Are you required to attend reserve meetings?

Yes No

Are you required to attend summer training camp?

Yes No

d. Do you have a military or U.S.P.H.S. commitment?

Yes No

To begin on _____ For _____

3. Are you certified by the ECFMG?

Yes No

Which Qualifying Exam Taken?

- a. Date passed: _____
- b. Scores: Part I _____ Part II _____
- c. Certificate number: _____
- d. Certificate valid through what date: _____

4. If not a U.S. citizen, will you enter or remain in the US on:

- a. Exchanged visitor Visa
- b. Permanent Visa Number
- c. How many years may you remain in the US

5. Publications (author, title, publication, date – use additional sheets if necessary)

6. Conferences Attended:

7. Awards and Honors

8. References and Supporting Documents:

Please ask three physicians who have supervised you in a clinical setting to send letters in support of your application.

Copies of the following documents should be submitted with your application:

- Medical School Diploma
- Certificates or other validation of all previous training
- Copy of present state medical licenses
- Curriculum Vitae
- Medical School Transcripts
- Letter from Residency Program Director outlining rotations completed

DO NOT SEND ORIGINAL DOCUMENTS – NO DOCUMENTS WILL BE RETURNED

9. Personal Statement describing your specific rationale for wanting to do a Sports Medicine Fellowship.

I, _____ certify that the information given or attached is true, accurate and complete.

Signature

Date

Please return this application and all supporting documents to:

University at Buffalo
Department of Family Medicine
Sports Medicine Fellowship

462 Grider Street – CC102
Buffalo, NY 14215