



## *Clinical Pharmacology Training Programs*

• Clinical Pharmacology  
Fellowship

• Internal Medicine/Clinical  
Pharmacology Dual  
Certification

### **Background Information Sheet**

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**Date:**

**Applicant Name:**

Telephone No.:

Fax No.:

**What Is Your Current Position:**

**Future Plans/Goals**

Long-term career plans/goals (be as specific as possible). (Use a separate sheet if necessary.)

**Experience**

I have done a residency in (specific area):

Dates:

Location:

Clinical Research Experience (Use a separate sheet if necessary.)

Basic Research Experience (Use a separate sheet if necessary.)

**Foreign Trained Applicants: Current Visa Status**

I have been in the US since (year):

on the following visa:

- J-1
- H-1
- H-1B
- F-1
- Permanent Resident
- US Citizen