

**Center for Digestive Health**

**ENDOSCOPY RESEARCH FELLOWSHIP APPLICATION**

**APPLICATIONS ARE ACCEPTED ON A ROLLING BASIS**

Please complete and submit this application, a goal statement, your updated CV, three written references and TOEFL scores **preferably via e-mail to**:

[Terri Davis Smith](mailto:Terri.DavisSmith@vmfh.org), Academic Specialist II, Center for Digestive Health, Virginia Mason Franciscan Health

1100 9th Ave., P.O. Box 900, Mail Stop: G250-B, Seattle, WA 98101

E-mail: [Terri.DavisSmith@vmfh.org](mailto:Terri.DavisSmith@vmfh.org)

Letters of recommendation must be addressed to

“Program Director, Endoscopy Research Fellowship”

and sent in care of Terri Davis Smith at the above address or e-mail

**For additional information go to:** [Virginia Mason Franciscan Health Endoscopy Research Fellowship](https://www.vmfh.org/residencies-fellowships-and-training/fellowship-opportunities-non-acgme/digestive-disease-fellowship-opportunities/endoscopy-research-fellowship.html) If you experience any difficulties with or have questions about this process, please contact Terri.

**ENDOSCOPY RESEARCH FELLOWSHIP APPLICATION**

***Please Print or Type***

**PERSONAL DATA**

|  |  |  |
| --- | --- | --- |
|  | | |
| Last Name First Name Middle | | |
|  | | |
| *Permanent Address:* | | |
|  | | |
| City State Zip Code | | |
|  | | |
| Home Telephone Work Telephone | | |
|  |  |  |
| E-mail Social Security Number | | |
|  | | |
| Place of Birth Date of Birth | | |
|  | | |
| Country of Citizenship | | |

***Please note: We cannot consider applicants with J1 or H1B visa status.***

Is the applicant a US citizen?:

□ Yes

□ No

If no, is the applicant a permanent resident or possess a student or training visa?:

□ Permanent resident of the U.S.

□ Visa – Type and number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Eligible for renewal? Yes \_\_\_\_\_ No \_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | | |
| **USMLE SCORES** | **Step I:** |  | **Step II:** |  | **Step III:** |  |
|  | Raw/Percentile |  | Raw/Percentile |  | Raw/Percentile |  |
| **TOEFL READING/WRITING/COMPREHENSION SCORES** (For non-native English speakers. Have scores sent directly to Virginia Mason Franciscan Health, Site ID: 3181.) | | | | | | |
| **TOEFL: \_\_\_\_\_\_\_\_\_\_\_\_\_** or  **TOEFLiBT:** \_\_\_\_\_\_\_\_\_\_\_\_\_ or **TOEFLC:**\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | **NAME OF INSTITUTION** | **LOCATION** | **DATES OF ATTENDANCE** | **DEGREE AWARDED** |
|  |  |  |  |  |
| College |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Medical School |  |  |  |  |
|  |  |  |  |  |
| Graduate School |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POSTGRADUATE**  **TRAINING** | **NAME OF INSTITUTION** | **LOCATION** | **DATES OF ATTENDANCE** | **DEGREE AWARDED** |
|  |  |  |  |  |
| Internship |  |  |  |  |
|  |  |  |  |  |
| Residency |  |  |  |  |
|  |  |  |  |  |
| Fellowship/Other |  |  |  |  |

**LICENSURE**

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE** | **DATE OF ISSUE** | **EXPIRATION DATE** | **NUMBER** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Have you ever been denied a license, permit or privilege of taking an examination

by any licensing authority? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

Have you ever had a license of permit encumbered in any way (i.e., revoked,

suspended, surrendered, restricted, limited, placed on probation? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

Have you ever been named in a malpractice suit? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

Have you ever been charged with a criminal violation (felony or misdemeanor) resulting

in either a plea bargain, conviction on the original or lesser charge, or payment of a fine,

suspended sentence, community service or other obligation? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

*(If you answered yes to any of these questions, please attach a detailed explanation.)*

**CERTIFICATION**

Board Year of Certification

**HONORS**

*\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_*

*Attach a separate page if necessary; do not write “see C.V.”*

**GOAL STATEMENT**

Please submit a goal statement addressing your detailed career aim in research; experience with scientific writing, data analysis and endoscopy, and knowledge of statistics and research in a clinical setting, including IRB process, writing protocols, etc.

**REFERENCES**

Three original letters of recommendations are required; photocopies are not acceptable. One letter must be from the Chief of Service, or Program Director, of all accredited US residencies in which you have served. Phone and email contact information for the reference writer must be included in each letter.

Name Position/Title

Name Position/Title

Name Position/Title

How did you learn of this fellowship program? \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_