

**Center for Digestive Health
Virginia Mason Franciscan
Health**

ACADEMIC YEAR: 2024-2025

**HEPATOLOGY FELLOWSHIP
TRAINING PROGRAM APPLICATION**

**SUBMISSION DEADLINE:
November 30**

We are pleased to provide you with an application to the One-Year Hepatology Fellowship Training Program at the Center for Digestive Health at Virginia Mason Franciscan Health

Please complete this *application, along with a cover letter, personal statement, three letters of recommendation, and a copy of your updated CV* and E-mail to:

**ATTENTION: Terri Davis Smith
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
Telephone: 206-515-5397
Fax: 206-341-0061
E-mail:

Terri.DavisSmith@vmfh.org

If you experience any difficulties with or have questions about this process, please contact Terri Davis Smith.

**Please request that the letters of recommendation
be sent to the same address.**

Revised 9/8/2023

HEPATOLOGY 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 H-1B or J1 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 _____

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				

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
(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."

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.

Name

Position/Title

Name

Position/Title

Name

Position/Title

How did you learn of this fellowship program? _____