

APPLICATION FOR SLEEP MEDICINE FELLOWSHIP
(The Sleep Medicine Fellowship Program is an ACGME Accredited Program)
For Training Period: July 1, 2016 to June 30, 2017

Prerequisite Training for Entry into the Program

Board eligibility or certification in Internal Medicine, Neurology, Psychiatry, Pediatrics, Otolaryngology, and Family Practice through an ACGME accredited program is a minimal requirement.

Those who have additional boards are also eligible (e.g., Pulmonary Medicine, Clinical Neurophysiology).

APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____ Street Address _____ City, State, Zip Code _____ Country _____ Home Telephone _____ Work Telephone _____ Mobile Telephone _____ Pager _____ Email Address _____ Date of Birth _____ Place of Birth _____ Social Security No. _____ State(s) Licensed _____	ATTACH RECENT PHOTOGRAPH
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CITIZENSHIP *(Our program accepts U.S. Citizens, Permanent Residents, and J-1 Visas)*

Citizenship U.S. Citizen
 Permanent Resident
 J-1 Visa

EDUCATION *Enter all dates in the (MM / DD / YYYY) format*

Undergraduate	_____	Date of Graduation	_____
Medical School	_____	Date of Graduation	_____
Honors & Awards	_____		
Degree Received	_____		
Relative Class Rank	_____		
Internship	Start Date _____	End Date	_____
Residency (Type/Institution)	Start Date _____	End Date	_____
Fellowship	Start Date _____	End Date	_____
USMLE Scores	Part I _____	Part II _____	Part III _____
ECFMG Certificate No.	_____	ECFMG Issue Date	_____

You must provide a hard copy of the USMLE Scores and your ECFMG Certificate.

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EXPERIENCE

Recent Employment:

Describe any areas of special interest, at the undergraduate or graduate level, in which you have worked.

Academic and professional publications:

Research work

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List of 3 references with whom you have worked with professionally.

REFERENCE	POSITION	INSTITUTION	DATES OF CONTACT
1.			
2.			
3.			

NOTE: You may complete and submit your application via fax or email to Anna Lopez. However, before your application will be considered, we must have hard copies of the following:

- 1) Completed and signed hard copy of the application (please do not leave any items blank)
- 2) Curriculum Vitae
- 3) Personal Statement that delineates your career plans and gives us a brief biography
- 4) Three letters of recommendation addressed to Anstella Robinson, MD, Program Director, Sleep Medicine Fellowship Program (mail these letters to the address listed below)
- 5) A copy of your California Medical License, if applicable
- 6) Hard copies of your USMLE/COMLEX Scores
- 7) A copy of your ECFMG certificate if you are a foreign medical graduate

Please send completed application to:

Anna Lopez
Sleep Medicine Fellowship Coordinator
Stanford Sleep Medicine Center
450 Broadway Street, MC: 5704
Redwood City, CA 94063-5704
Telephone: 650-721-7575
Fax: 650-721-3468
Email: alopez1@stanford.edu

Signature of Applicant

Date