



University of California
San Francisco

PRIMARY CARE ADDICTION MEDICINE FELLOWSHIP APPLICATION

Academic Year 2019-20

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City		State		ZIP			
Phone		E-mail Address					

LICENSURE INFORMATION

State		Full <input type="checkbox"/>	Limited <input type="checkbox"/>	License Number	
State		Full <input type="checkbox"/>	Limited <input type="checkbox"/>	License Number	
State		Full <input type="checkbox"/>	Limited <input type="checkbox"/>	License Number	

INTERNATIONAL MEDICAL GRADUATES ONLY

ECFMG Certificate Number		Expiration Date	
Are you a U.S. citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, what is your current visa status?			
Have you completed USMLE	Step 1 <input type="checkbox"/>	Step 2 <input type="checkbox"/>	Step 3 <input type="checkbox"/>

REFERENCES

Please provide three letters of reference addressed to Dr. Paula Lum and mailed to Stephen May. Letters should provide the fellowship committee with an assessment of your clinical abilities, academic achievements, leadership potential, communication skills, and commitment to a primary care career working with urban, low-income, and stigmatized populations. List the names, full addresses, telephone numbers and email addresses of your references below. Current residents and those who have completed their training within the past five years must list their Residency Program Director or Associate Program Director as one of their references.

Reference 1

Full Name		Relationship	
Institution		Phone	
Address			
City, State, Zip			
Email Address			

Reference 2

Full Name		Relationship	
Institution		Phone	
Address			
City, State, Zip			
Email Address			



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Reference 3

Full Name		Relationship	
Institution		Phone	
Address			
City, State, Zip			
Email Address			

PERSONAL STATEMENT

Please write and attach a personal statement to your application. Your statement should be no more than 1-2 pages and address:

1. What prior experiences have you had providing medical care to persons with unhealthy substance use and persons with health disparities from urban, low-income, or stigmatized populations. How have these experiences influenced your life and career?
2. Describe your interest in primary care and addiction medicine and any specific areas that you would like to focus on clinically during your fellowship training.
3. What are your overall career goals? Describe what you would like to be doing five to ten years from now. How do you anticipate this fellowship will assist you in your plan?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: