



University of California
San Francisco

**PRIMARY CARE ADDICTION MEDICINE
FELLOWSHIP APPLICATION**
Academic Year 2020-21

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 Alyssa Michaels. 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: