

Forensic Psychiatry Fellowship

Common Application Form

GENERAL INFORMATION

Full Name (*first, middle, last*):

Preferred Name:

Date of Birth:

Current Address (*street, city, state, zip code, country*):

Cell Phone:

Alternate Phone:

Email Address:

Languages Spoken (*indicating level of fluency*):

EDUCATION (Undergraduate, Medical School, Other)

University/College	Degree Obtained	Month & Year of Graduation

RESIDENCY & FELLOWSHIP TRAINING

Institution/Hospital	City, State, Country	Start Date (mm/yy)	End Date (mm/yy)

REFERENCES

Please list the names of three individuals from whom you have solicited letters of reference. If you are currently a trainee or have completed training within the last five years, at least one of the letters must be from your most recent Residency or Fellowship Program Director.

Name	Title	Institution	Email address	Phone number

CERTIFICATION & LICENSURE

Have you passed all three steps of the USMLE/COMLEX-USA?

Yes

No

ECFMG Number (if applicable):

Do you have a license to practice medicine?

Yes

No

If yes, in which state(s)?

License Number(s):

Expiration date(s):

Are you Board Certified in psychiatry or any other specialty?

Yes

No

If yes, which other specialty or specialties?

CITIZENSHIP & VISA INFORMATION

Citizenship:

Visa Status: N/A J-1 H-1 Other (please specify):

Have you completed all necessary requirements for visa renewal to cover the period of your fellowship training?
 Yes No

If no, please attach a written explanation.

ADDITIONAL INFORMATION

If you answer "yes" to any of the questions below, please attach a written explanation.

Have you ever been denied a medical license or had your license revoked, limited, restricted, or suspended?
 Yes No

Have you ever been placed on academic probation while in medical school or residency/fellowship training?
 Yes No

Have you ever been dismissed from an appointment to medical school, residency, fellowship, or professional employment?
 Yes No

Have you ever resigned from any employment position, including a residency or fellowship program?
 Yes No

Do you have any pending or previous professional misconduct allegations?
 Yes No

Have you ever been convicted of a felony, and/or do you currently have any pending criminal charges?
 Yes No

Is there a gap of six months or more (without education, training, or professional employment) on your CV since beginning medical school?
 Yes No

ATTESTATION

I certify that the information provided in this application is complete and accurate. I understand that any false, missing, or misleading information may disqualify me from a fellowship position.

Printed Name: _____ Date: _____

Signature: _____

RELEASE FROM LIABILITY

I concur that immunity be extended to all persons and institutions furnishing information of my qualifications to the fellowship programs and to their affiliated hospitals. Such immunity shall cover all acts and statements made in good faith and without malice.

Printed Name: _____ Date: _____

Signature: _____