



## PARTNERS CLINICAL INFORMATICS & INNOVATION FELLOWSHIP COMMON APPLICATION

## Please email completed application to:

alandman@bwh.harvard.edu

| Date of application   |                                 |   |                | Desired Start Date   |  |  |  |
|---|---------------------------------|---|----------------|--|--|--|--|
| Personal Data   |                                 |   |                |  |  |  |  |
|   |                                 |   |                |  |  |  |  |
| NAME: Last First Middle Initial   |                                 |   |                |  |  |  |  |
| Mailing Address: Number and St  | treet                           |   |                | Social Security Number   |  |  |  |
|   |                                 |   |                |  |  |  |  |
| City State  |                                 |   | State          | Zip Code   |  |  |  |
|   |                                 |   |                |  |  |  |  |
| Daytime Phone #   | Alternative Phone # Email Addre |   | Email Addr     | ress:  |  |  |  |
|   |                                 |   |                |  |  |  |  |
| Permanent Address: (List SAME if same as above)   |                                 |   |                | Permanent Phone #:   |  |  |  |
| Number and Street:: C/O Name  |                                 |   |                |  |  |  |  |
|   |                                 |   |                |  |  |  |  |
| City State  |                                 |   |                | Zip Code   |  |  |  |
|   |                                 |   |                |  |  |  |  |
| Date of Birth: (required for state  | license                         | Citizenship                             | (Identify Cou  | untry)   |  |  |  |
| application)  |                                 | , |                |  |  |  |  |
|   |                                 |   |                |  |  |  |  |
| Curriculum Vitae (CV)   |                                 |   |                |  |  |  |  |
|   |                                 |   |                |  |  |  |  |
| -   |                                 | -                                       |                | graduate, graduate, medical, and graduate medical education. All |  |  |  |
| time periods from college to present must be documented on your CV or described in your personal statement. Please list your                  |                                 |   |                |  |  |  |  |
| publications, and include links to them in PubMed.  |                                 |   |                |  |  |  |  |
| Medical Education   |                                 |   |                |  |  |  |  |
| Please forward a copy of your Medical School Diploma, and an official copy of your Medical School Transcript.                                 |                                 |   |                |  |  |  |  |
|   |                                 |   |                |  |  |  |  |
| Board Certification/Board Eligibility   |                                 |   |                |  |  |  |  |
| Specialty   |                                 | Stat                                    | us (Eligible/G | Certified) Expires   |  |  |  |
| Specialty   | Status (Eligible/C              |   |                | Expires  |  |  |  |
|   |                                 |   |                |  |  |  |  |
| Specialty   | Status (Eligible/Co             |   |                | Certified) Expires   |  |  |  |
|   |                                 |   |                |  |  |  |  |
| Personal Statement  |                                 |   |                |  |  |  |  |
|   |                                 |   |                |  |  |  |  |
| Please attach an autobiographical statement. Tell us about yourself, your interests, and your career expectations. All time periods           |                                 |   |                |  |  |  |  |
| from college to present must be documented on your CV or described in your personal statement.  |                                 |   |                |  |  |  |  |
| Research, Work and Extra Curricular Experience. In the spaces below, please describe any research, work and extracurricular                   |                                 |   |                |  |  |  |  |
| experience that you feel will enhance your application, unless otherwise listed in your CV or described in your personal statement.  Research |                                 |   |                |  |  |  |  |
| nesearch  |                                 |   |                |  |  |  |  |
| Wood  |                                 |   |                |  |  |  |  |
| Work  |                                 |   |                |  |  |  |  |
|   |                                 |   |                |  |  |  |  |
| Extra-Curricular Activities   |                                 |   |                |  |  |  |  |
|   |                                 |   |                |  |  |  |  |
| 1   |                                 |   |                |  |  |  |  |





| <b>Letters of Recommendation.</b> Include full name, title, address,   | •                                      | •               |  |  |  |  |
|--|--|-----------------|--|--|--|--|
| individuals and request that they email the letter to Adam Lan Residency Program Director or Department Chairperson (required)   | aman, IVID ( <u>alandman@bwh.hal</u>   | rvara.eau).     |  |  |  |  |
|  |  |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
| Faculty member (required)  |  |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
| Faculty member (required)  |  |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
| Faculty member (optional)  |  |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
| Examinations Taken Copies of original documents with scores and dates must accompany application   |  |                 |  |  |  |  |
| U.S./Canadian Medical School Graduates   | International Medical School Graduates |                 |  |  |  |  |
| USMLE dates taken & scores Step I Step 2 Step 3  | USMLE dates taken & scores Step I      | Step 2 Step 3   |  |  |  |  |
|  |  |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
| NBME dates taken & scores Part I Part II Part III  | FMGEMS no.                             | ECFMG no.       |  |  |  |  |
|  |  |                 |  |  |  |  |
| COMLEX dates taken & scores Level 1 Level 2 Level 3  | FMGEMS exam dates & score              |                 |  |  |  |  |
|  | Basic Science Clinical Science         | English         |  |  |  |  |
| FLEX Date Score  | TOEFL date & Score                     |                 |  |  |  |  |
| Licensure (temporary permit; full/complete)  | FLEX date Score                        |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
| State Number Date granted Type Expiration Date   | Current visa status: Entry date        | Expiration date |  |  |  |  |
|  |  |                 |  |  |  |  |
| State Number Date granted Type Expiration Date   | Type of visa                           | Visa no.        |  |  |  |  |
|  |  |                 |  |  |  |  |
| Harris and the state of the sta |  |                 |  |  |  |  |
| Have you ever been terminated from a training program?  Has your medical staff privileges ever been denied, suspended or revoked?  | Yes No<br>Yes No                       | Not applicable  |  |  |  |  |
| Has your state medical license or DEA number ever been denied, suspended or revoked?  Yes No   |  |                 |  |  |  |  |
| Have you ever been convicted of a felony?  Have you ever been named in a malpractice lawsuit?  Yes No  |  |                 |  |  |  |  |
| If the answer to any of the questions above is yes, please explain on a separate sheet of paper.   |  |                 |  |  |  |  |
| The information I have given in this application and the attached CV is current and complete to the best of my knowledge.  |  |                 |  |  |  |  |
| I do do not relinquish my right to review the letters of recommendation in my file. (Please Check One).  |  |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
|  |  |                 |  |  |  |  |
| Signature  | Date                                   | <del></del>     |  |  |  |  |