

**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 Street		Social Security Number	
City		State	Zip Code
Daytime Phone #	Alternative Phone #	Email Address:	
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 application)		Citizenship (Identify Country)	
Curriculum Vitae (CV)			
Attach your curriculum vitae. Include current and previous undergraduate, 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		Status (Eligible/Certified)	Expires
Specialty		Status (Eligible/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			
Work			
Extra-Curricular Activities			

