

HIV Fellowship Application Form

DATE:

PERSONAL DATA:

NAME:

ADDRESS:

CITY:

STATE

ZIP:

PHONE (H):

PHONE (C):

E-mail

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

CITIZENSHIP:

IF NOT U.S., VISA TYPE:

COLLEGE EDUCATION

School(s):

Major/
Degree:

Date:

MEDICAL EDUCATION

School(s):

Major/
Degree:

Date:

POSTGRADUATE MEDICAL EDUCATION

Program

Location

Dates

Internship:

Residency:

ADDITIONAL DEGREES/TRAINING

Program:

Location:

Degree:

Dates:

**Exams
Taken:**

NMBE, Part 1

NMBE, Part 2

NMBE, Part 3

USMLE, Step 1

USMLE, Step 2

USMLE, Step 3

Flex 1

Flex 2

ADDITIONAL MATERIAL: The following material should be sent along with your completed application:

Curriculum Vitae. Enclose a curriculum vitae (or resume) with this application.

Statement of Goals. Attached a statement (no more than one page) describing:

- a) the type of career you intend to pursue and your teaching and research interests
- b) how the fellowship will contribute to your career goals.

Copies of Examination Scores.

RECOMMENDATION LETTERS REQUIRED: Please provide three letters of recommendation: one from your residency program director, and two others for additional references. Recommendations are confidential and should be sent directly to the address below.

Send all application materials to the address below. Applications received by **November 1st** will be given first priority.

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HIV Fellowship Director
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