

REFERENCES: Please ask the Dean or Assistant Dean of your Medical School to send a letter of recommendation and transcript. A copy of the Dean's letter used in your application for a residency program is adequate for the recommendation letter. List three other references, including the Residency Training Director, and have them send us letters of recommendations.

REFERENCES

Name	Title	Address

Social Security Number _____

Are you licensed to practice medicine? _____ If so, list states and certification numbers.

Military service and present status _____

ECFMG status and number (foreign medical graduates) _____
Enclose a copy of your ECFI certificate.

Membership in Professional Societies _____

List Honors, scholarships, grants, etc. _____

Enclose a copy of your bibliography, if applicable.

Do you have any illnesses or physical conditions which would interfere with your participation in our fellowship program, including patient care?

Attach on a separate page a brief narrative discussing your ultimate objectives in psychiatry, the reasons for embarking on a fellowship in geriatric psychiatry and the amount and type of subsequent training you desire.

ATTACH ADDITIONAL SHEETS IF NECESSARY