

University of Rochester Medical Center
Solid Organ Transplant and Hepatobiliary Surgery
Fellowship Program

Mark Orloff, M.D., Program Director
Randeep Kashyap, M.D. – Director – Transplant Fellowship

APPLICATION

Please type or print

NAME: _____

SEX: _____ MALE _____ FEMALE DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ CITIZENSHIP _____ VISA STATUS _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____

WORK ADDRESS: _____

WORK PHONE NUMBER: _____ PAGER: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

EDUCATION

<i>Training</i>	<i>Institution</i>	<i>Location</i>	<i>Degree</i>	<i>Years</i>
Undergraduate education				
Medical Education				
PGY1				
PGY2				
PGY3				
PGY4				
PGY5				
Others				

USMLE SCORES
(Please attach)

YEAR	PART 1	PART 2	PART 3

MEDICAL LICENSE (S)

STATE	TYPE	LICENSE #	YEAR OBTAINED	YEAR EXPIRED

Please list awards and honors.

Please list all publications.

Please list laboratory or research positions held.

Please list your interests and activities.

REFERENCES

Please have three faculty members and your Residency Program director or Department Chairman send a letter of recommendation. List the name, title, address, and phone number of each person in the spaces provided.

1. Name: _____

Title: _____

Address: _____

Business Phone: _____

2. Name: _____

Title: _____

Address: _____

Business Phone: _____

3. Name: _____

Title: _____

Address: _____

Business Phone: _____

4. Name: _____

Title: _____

Address: _____

Business Phone: _____

On a separate sheet of paper, please write a personal statement telling us about yourself and your career goals, why you are interested in a career in Transplant Surgery, and why you are interested in the fellowship program at the University of Rochester Medical Center.

Please submit a recent photo.

Send your completed application and letters of recommendation to:

Ms. Mcj nggp"Vj qo r uqp
Fellowship Program Coordinator
University of Rochester Medical Center
Solid Organ Transplantation
601 Elmwood Avenue, Box SURG
Rochester, NY 14642

Email address: [Mcj nggp"Vj qo r uqp@urmc.rochester.edu](mailto:Mcj nggp)

Phone: 585-273-3881

Fax: 585-276-0054