

***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**

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

**USMLE SCORES**  
**(Please attach)**

<i>YEAR</i>	<i>PART 1</i>	<i>PART 2</i>	<i>PART 3</i>

**MEDICAL LICENSE (S)**

<i>STATE</i>	<i>TYPE</i>	<i>LICENSE #</i>	<i>YEAR OBTAINED</i>	<i>YEAR EXPIRED</i>

**Please list awards and honors.**

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**Please list all publications.**

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**Please list laboratory or research positions held.**

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**Please list your interests and activities.**

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## 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. Mcvj rggp"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: [Mcvj rggpa Vj qo r uqp@urmc.rochester.edu](mailto:Mcvj rggpa Vj qo r uqp@urmc.rochester.edu)  
Phone: 585-273-3881  
Fax: 585-276-0054