

University of Rochester School of Medicine and Dentistry
Center For Ethics, Humanities and Palliative Care
Palliative Care Fellowship Program

Application

Date	Planned Starting Date		
Last Name	First Name		Middle Initial
Home Address	Telephone	Fax	
City	State	Zip	
Work Address	Telephone	Fax	
City	State	Zip	
E-Mail Address	Birth Date		
Social Security Number	Place of Birth		
<input type="checkbox"/> U. S Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other (per NIH, ineligible for Training Grant)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Marital Status (Optional)		
	Race (Optional)		

UNDERGRADUATE EDUCATION

College	Address	From	To	Degree

MEDICAL/ GRADUATE EDUCATION				
College	Address	From	To	Degree
PROFESSIONAL TRAINING (Attach additional pages, if necessary)				
Position	City, State	Institution		
Internship				
Residency				
Fellowship				
Other				
Membership in Professional Societies/Organizations				
List honors, scholarships, grants, etc.				

Do you have any illnesses or physical conditions that would interfere with your participation in our training program?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, please list:	
List three professional references. Please have them forward a letter of recommendation to us. Mail all letters of recommendation to the address below.		
REFERENCES		
Name	Title	Address
<p>Write a brief personal statement discussing your general career goals, your research interests, previous research experience, your commitment to a career as an academic palliative care clinician, and your reason for applying for the fellowship. (Submit on a separate sheet)</p>		
PLEASE ENCLOSE A COPY OF YOUR CURRICULUM VITAE AND A TRANSCRIPT FROM YOUR MOST RECENT DEGREE PROGRAM WITH YOUR APPLICATION		
Return to: Maria Milella, Fellowship Coordinator University of Rochester Medical Center Center for Ethics, Humanities and Palliative Care 601 Elmwood Avenue; Box 687 Rochester, NY 14642		Phone: (585) 273-1154 Fax: (585) 275-7403