

MATERNAL CHILD HEALTH (MCH) FELLOWSHIP
APPLICATION FORM
University of Rochester and Highland Hospital

Eligibility Requirements:

- *Must obtain a NYS license before starting the Fellowship*
- *Have AAFP board certification (or eligible for certification)*

(Optional)

Attach
Your Photo

PERSONAL DATA:

Name _____

Address _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Birth Date: _____ Citizenship: _____

If not a U.S. citizen, what type of visa do you have? _____

If not a U.S. citizen, give your ECFMG #: _____

Name of partner or closest relative: _____

Phone number of partner or closest relative: _____

EDUCATION:

Degree: (BS, BA, etc.)	University or College	Month	Year
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Degree: (MD, DO, etc.)	University or College	Month	Year
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Other Degree(s)	University or College	Month	Year
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INTERNSHIP/RESIDENCY:

Name of U.S. Accredited Program	City/State	Specialty	Years
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HOSPITAL/CLINICAL EXPERIENCE (if any):

Position	Hospital	City/State	Year
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MEDICAL LICENSURE:

State(s)

License #(s)

REFERENCES:

Please list three (3) individuals who will send us letters of recommendation, including one from the Program Director of your residency program or Department Chair. **Reference letters must be printed on their official letterhead, signed, sealed and:**

- Mailed directly to the Fellowship Coordinator (*see address below*)
- Include reference to your clinical ability, professional qualification, and moral character.

1) _____
Name Title

Phone Number

E-Mail Address

2) _____
Name Title

Phone Number

E-Mail Address

3) _____
Name Title

Phone Number

E-Mail Address

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Have you ever been dismissed from, or disciplined by a previous residency or fellowship program? No ☐ Yes ☐

If Yes, explain: _____

Have you ever had a medical license suspended, revoked, denied or subject to disciplinary action? No ☐ Yes ☐

If Yes, explain: _____

Do you have any pending or previous professional misconduct, malpractice actions, judgments or settlements?

No ☐ Yes ☐ If Yes, explain: _____

Have you ever been convicted of a misdemeanor or felony? No ☐ Yes ☐

If Yes, explain: _____

Please return this completed application, along with your current CV and a one-page personal statement outlining your professional goals to:

E-mail: hp_hgmjy_u@urmc.rochester.edu

Fax: (585) 442-8319

MCH Fellowship Coordinator

Highland Family Medicine

777 South Clinton Avenue

Rochester, NY 14620

Phone: (585) 279-4764