

Application for Breastfeeding Medicine Fellowship

Applicant Name

Last name	First	Middle
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Fellowship Type

This application is being made for a fellowship in (please check one):

- Breastfeeding- Academic tract
- Breastfeeding- Clinical tract

Please affix a recent passport-sized photo here.

If submitting electronically, include a recent passport-style photo in .JPG format with the application.

Training period for which applying:

Start date

Finish date

Personal Data

Other names used:

Present Address

Street	City	State	ZIP / Postal code
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Permanent Address

Street	City	State	ZIP / Postal code
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Telephone

Home	Work	Mobile	Fax
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E-mail:

Citizenship

Country of citizenship	Visa status:
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Visa Holder – please specify American citizen/naturalized Green Card

Education				
(Mo/Yr) to	(Mo/Yr) to	(Undergraduate School)	(Major)	(Degree)
(Mo/Yr) to	(Mo/Yr) to	(Graduate School, if applicable)	(Major)	(Degree)
(Mo/Yr) to	(Mo/Yr) to	(Medical School)	(Country)	(Degree)
(Mo/Yr) to	(Mo/Yr) to	(Residency)	(AP, CP, AP/CP, other)	
(Mo/Yr) to	(Mo/Yr) to	(Other GME, if applicable)	Area of training	
(Mo/Yr) to	(Mo/Yr) to	(Other GME, if applicable)	Area of training	

Other Experience				
In chronological order, list other educational experiences, jobs, military service or training that is not accounted for above.				
(Mo/Yr) to	(Mo/Yr) to			
(Mo/Yr) to	(Mo/Yr) to			
(Mo/Yr) to	(Mo/Yr) to			

National Boards							
Please indicate national board examination dates and results received.							
USMLE Step 1		USMLE Step 2			USMLE Step 3		
Date passed	Score (optional)	CK - Date passed	Score (optional)	CS - Date passed	Score (optional)	Date passed	Score (optional)
<i>For graduates of international medical schools, are you ECFMG-certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide certificate number and date granted.</i>							
ECFMG Certificate Number				Date ECFMG Certificate Granted MM-YYYY			
COMLEX Level 1		COMLEX Level 2			COMLEX Level 3		
Date passed	Score (optional)	Date passed	Score (optional)	Date passed	Score (optional)		

Medical Licensure				
Please list any states in which you hold a license to practice medicine. Please provide a license number. If an application is pending in a state, please write "pending."				
(State)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
(State #2)	(Date Issued)	(Medical License Number)	(Active?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been reprimanded, or had your license suspended or revoked in any of these states?		Yes (If so, please explain in an attached sheet.) No		
Have you ever been named in (and/or had a judgment against you) in a medical malpractice legal suit?		Yes (If so, please explain in an attached sheet.) No		

Board Certification**Please indicate any areas of board certification.**

Board	Area of Certification	Date of Certification
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Honors, Awards, Publications, Presentations, Memberships, Leadership/Research Experience**Please list on attached application forms or include this information in your CV.****Prior Breastfeeding Experiences & Education****Please indicate any areas of certification, classes or workshops completed**

Certification or Classwork	Description	Date of Certification
Certification or Classwork	Description	Date of Certification
Certification or Classwork	Description	Date of Certification
Certification or Classwork	Description	Date of Certification
Certification or Classwork	Description	Date of Certification

Letters of Recommendation and/or References**Please list the individuals who will write your letters of recommendation. At least three are required.****For those that are still in a training program one of these MUST be your current residency director and must indicate that you are (1) in good standing and (2) anticipated graduation date****Reference #1**

Name	Title
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Institution

Address	City	State	ZIP / Postal Code
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Telephone	Email
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Reference #2

Name	Title
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Institution

Address	City	State	ZIP / Postal Code
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Telephone	Email
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Reference #3

Name	Title
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Institution

Address	City	State	ZIP / Postal Code
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Telephone	Email
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Reference #4 (optional)

<i>Name</i>		<i>Title</i>	
<i>Institution</i>			
<i>Address</i>	<i>City</i>	<i>State</i>	<i>ZIP / Postal Code</i>
<i>Telephone</i>		<i>Email</i>	

Signature (may omit if submitting electronically)

I hereby certify that all of the information on this application is accurate, complete, and current to the best of my knowledge, and that this application is being made for serious consideration of training in the Pathology Fellowship indicated. I understand that accepting more than one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions.

<i>Signature</i>	<i>Date</i>
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Honors and Awards (if explicitly listed on CV, include highlights here with reference to location on CV)

Publications and Presentations (if explicitly listed on CV, include highlights here with reference to location on CV)

Memberships and Leadership/Research Experience (if explicitly listed on CV, include highlights here with reference to location on CV)

Suggested Timeline for Application

Applications are accepted on an ongoing basis. Nevertheless, we propose the following timeline to allow for your application to be fully considered. Beginning one year before the proposed start of a fellowship for which the application is being made, we recommend:

December 1 Deadline for receipt of the completed application and all supporting documentation (letters of recommendation, etc.)

March 1 Deadline for program to set interview dates

May 1 Deadline for program to offer positions

Application Packet Check-list

- Completed Standardized Fellowship Application Form with Signature**
- Updated Curriculum Vitae (CV)**
- Included cover letter/personal statement explaining why you would like to do a fellowship in Breastfeeding Medicine, what skills you hope to gain, and how these skills would foster your career development**
- Checked with the fellowship director or coordinator whether there are other items that should be included**
- include certificates of any coursework in Lactation (IBCLC, CLC, L-CERPs...) or meeting attendance (ABM, ILCA, etc...)**
- Included photo**