



PALLIATIVE MEDICINE FELLOWSHIP APPLICATION

INSTRUCTIONS TO APPLICANT: Answer all questions completely. If more space is necessary to answer all questions, attach an additional sheet.

PERSONAL DATA	
Name Last : First: Middle Initial:	
Social Security number:	
Address Street	
City, State and Zip Code	Phone Number(s) Home () Work or Message ()
E-mail address	Cell phone ()

HIGHER EDUCATION Please list all schools attended					
Institution	City, State, Country	Dates Attended		Degree Conferred	
		From: Mo Yr	To: Mo Yr	Type	Date
Postgraduate					
Medical School					
Undergraduate College					

GRADUATE MEDICAL EDUCATION Include current and previous graduate medical education.			
	From Mo./Yr.	To Mo./Yr.	Name of training supervisor
Internship Type			
Name and address of institution			
Residency Type			
Name and address of institution			
Fellowship Type			
Name and address of institution			

OTHER MEDICAL EXPERIENCE Include private practice, hospital and staff appointments, research, military, etc.		
Type	Location	Dates

Language(s) spoken (other than English) _____

PERSONAL STATEMENT
Attach an autobiographical statement that explains how you became interested in palliative medicine. Do not exceed 1500 words.

CURRICULUM VITAE
Please attach a current curriculum vitae.

MEDICAL SCHOOL TRANSCRIPTS
Please attach a copy of your Medical School transcripts

DIPLOMA
Please attach a copy of your Medical School diploma

EXAMINATIONS TAKEN (Please attach copies of scores)								
U.S./Canadian medical school graduates								
Your NBME/USMLE board number								
Dates taken and scores	Part I			Part II			Part III	
Foreign medical school graduates								
FLEX	Location	Date	Score	FLEX	Location	Date	Score	

LICENSURE								
Licensure (temporary permit; full/complete)					Current visa status: Entry date		Expiration date	
State	Number	Date granted	Type	Expiration date	Type of visa			
State	Number	Date granted	Type	Expiration date	Visa number			

LETTERS OF RECOMMENDATION REQUESTED: Include full name and address of institutions. One letter must be from the Program Director of your residency program. Letters should be mailed directly from the reference to: Christy Kieser, 5026 Wescoe, Mailstop 1020; 3901 Rainbow Blvd; Kansas City, KS 66160

1.
2.
3.

Are you now or have you ever been excluded, debarred or suspended from participation in the Medicare or Medicaid programs or any other federal procurement program? No Yes

Have you been convicted of or have you pled guilty to any crime or municipal ordinance violation, including misdemeanors and traffic violations other than a parking ticket? No Yes

If yes, complete below: (Conviction will not necessarily disqualify an applicant from employment; however, omission of convictions may be considered falsification of the application which could result in disqualification.)

Date	Charge	City & State	Fine or Disposition

The information I have given in this application is current and complete to the best of my knowledge.

Signature

Date

Notes:

- 1) Please make photocopies of the completed application for your files.
- 2) Please notify the program office of any changes in your addresses or phone numbers, so that you can be contacted.