

Application for Observership in Geriatrics
Division of Geriatric Medicine, Department of Internal Medicine
The University of Michigan Medical School, Ann Arbor, Michigan 48109-5797

Date _____

I am applying for an Observership beginning: (Month) _____, (Year) _____.

1. **Last Name:** _____ **First Name:** _____ **Middle Initial:** _____
Sex _____

2. **Mailing Address:** _____
(Number & Street, Apt. #)

(City, State, Zip Code, Country)

3. **Telephone Numbers Where You May be Reached:** Home: _____
Work: _____
Cell (optional): _____

4. **E-mail Address:** _____ **Fax Number:** _____

5. **Preferred Method of contact:** _____

6. **Date and Place of Birth:** _____

7. **Country of citizenship:** _____
Passport Number _____
Do you have U.S. entry visa? _____ If yes, Visa Type: _____
Visa Number _____

8. **Marital Status:** _____
If married, indicate name of spouse (including maiden name) _____

Education:

9. **Undergraduate College or University:**
Name & location of Institution #1: _____
Years (inclusive): _____ Degree & Year: _____
Field of Study: _____
Name & location of Institution #2: _____
Years (inclusive): _____ Degree & Year: _____
Field of Study: _____

10. Graduate or Professional/Medical Schools:

Name & location of **Institution #1:** _____

Years (inclusive): _____ Degree: M.D. D.O. M.B.B.S. Year: _____

Field of Study: _____

Name & location of **Institution #2:** _____

Years (inclusive): _____ Degree & Year: _____

Field of Study: _____

Internship (Include name, location, years, specialty area): _____

Residency (Include name, location, years, specialty area): _____

11. Other Fellowships, Scholarships, Traineeships/Internships:

1 Awarding Agency: _____ Place: _____

Position: _____ Inclusive Years: _____

2 Awarding Agency: _____ Place: _____

Position: _____ Inclusive Years: _____

3 Awarding Agency: _____ Place: _____

Position: _____ Inclusive Years: _____

4 Awarding Agency: _____ Place: _____

Position: _____ Inclusive Years: _____

12. Employment History since College and/or Medical School Graduation:

List chronologically all positions held. Include each year since graduation from undergraduate college (if applicable) and Medical School:

Name & Address of Employer1: _____

Title of Position Held: _____ Dates from _____ to _____

Name & Address of Employer2: _____

Title of Position Held: _____ Dates from _____ to _____

Name & Address of Employer3: _____

Title of Position Held: _____ Dates from _____ to _____

Name & Address of Employer4: _____

Title of Position Held: _____ Dates from _____ to _____

Please list *all lapse of training activities* following graduation of medical school, including dates, location and activities. _____

13. Military Service: Branch _____ Rank _____
Position _____ Inclusive Years _____

14. Medical Practice Licensures: _____

15. Medical Specialty Board Certifications:
Name of Board: _____ Year: _____ Country: _____
Name of Board: _____ Year: _____ Country: _____

16. Extracurricular Activities:

List Memberships in National, Professional, or Related Organizations:

Organization (Memberships) _____ Year _____

Organization (Memberships) _____ Year _____

Non-Professional: _____

17. Research Experience: (Describe briefly any work you may have done in an area of biomedical research; indicate outcome of this research and your preceptor.) _____

List your Publications: _____

18. **Academic Honors, Special Awards:** (Include Honor, "Awarded by" and Year)

Please include a recent small **photograph of yourself (optional) and send to the address below or send as jpg file to GerMedFellowshipApps@umich.edu .

****Curriculum Vitae** can be sent as an additional attachment. GerMedFellowshipApps@umich.edu

All documents, information, letters of recommendation, and communications should be directed to Ana Montoya, M.D., Division of Geriatric Medicine; 4260 Plymouth Rd, Ann Arbor, Michigan 48109-5797 . Please direct telephone inquiries to (734) 232-0305; or by e-mail to GerMedFellowshipApps@umich.edu