

Forensic Psychiatry Fellowship Application

POSITION BEGINNING IN _____ (Year)
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1. Name	(Last)	(First)	(Middle)
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2. I am applying to the following graduate medical education program:

3. Center for Forensic Psychiatry	4. Saline, Michigan 48176
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MEDICAL EDUCATION

5. Medical School(s) (Name)

(City)	(State/Country)
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6. Month/Year of Matriculation of Medical School.	7. Month/Year of Anticipation Graduation
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7. Electives Completed/Planned (Place a “P” after planned senior electives)

8. Honors/Awards

GRADUATE EDUCATION

9. Graduate Schools

Degree: Graduated:	Area of Study:	Dates Attended: From (Mo/Yr To (Mo/Yr)	Dates (If any)
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A. Name of School

City: _____ State: _____

B. Name of School

City: _____ State: _____

C. Name of School

City: _____ State: _____

UNDERGRADUATE EDUCATION

10. Undergraduate College(s)	<u>Dates Attended</u>		<u>Degree</u>
	From (Mo/Yr)	To (Mo/Yr)	(If any)
A. Name of College:			
City:	State:		
B. Name of College:			
City	State		
C. Name of College:			
City	State		

11. SERVICE OBLIGATIONS (National Health Service Corps, Armed Forces/Scholarship, State Programs, etc.)

I am not required to fulfill any service obligations.

I am committed to fulfill a service obligation beginning _____ (Mo/Yr)

Number of years committed

12. Last Name:	First Name:	Middle	Attach/Insert Recent Photograph
Name:			
13. ECFMG Registration Number (if applicable)			
14. Present Address:			
Street:			
City:	State:	Zip:	
15. Present Phone Numbers			
Day:	Evening:	Cell:	
16. Citizenship		19. Visa Status (if applicable)	
<input type="checkbox"/> U.S.	<input type="checkbox"/> Other	<input type="checkbox"/> Permanent	<input type="checkbox"/> J-1
		<input type="checkbox"/> Temporary (specify):	<input type="checkbox"/> H-1
17. Permanent Address: C/O (Name of person through whom I can always be contacted.)			
Name:			
Street:			
City:	State:	Zip:	Phone Number:

18. Please indicate score and date passed for the following examinations (as relevant):

USMLE, STEP 1:

USMLE, STEP II: CS:

USMLE STEP II CK:

USMLE, STEP III:

COMLEX Level 1:

COMLEX Level 2 CE

COMLEX Level 2 PE:

COMLEX Level 3:

19. Personal Statement: