

University of Michigan

Craniofacial Fellowship

Application

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| Applicant Information |

Date:

Full Name:

*Last First M.I.*

Maiden/Previous Last Name: Preferred Name:

Gender: M / F Date of Birth: Birth Place:

Social Security #: Social Insurance #:

Citizenship: Email:

Preferred Phone #: Alternate Phone #:

Current Medical Center Employed/Training:

Current Address:

*Street Address*

*City State Zip Code*

Permanent Address:

*Street Address*

*City State Zip Code*

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| YES | NO |

Do you have a Military Service Obligation/Deferment? If yes, explain

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| YES | NO |

Any other Service Obligation? If yes, explain

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| YES | NO |

Have you ever been convicted of a felony? If yes, explain

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| --- | --- |
| YES | NO |

Do you have any limitations? If yes, explain

Language Fluency (Other than English)

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| Examinations |

**Date** **Status**

USMLE Step 1

USMLE Step 2 CK (Clinical Knowledge)

USMLE Step 3 CS (Clinical Skills)

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| Board Certification | |
| Certification: | Date: |

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| Medical Licensure | | | | | |
| **State** | **Type** | **Number** | **Expire Date** | **DEA #** | **Expire Date** |
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| YES | NO |

Medical Licensure Problems? If yes, explain

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| YES | NO |

Ever Named in a Malpractice Suit? If yes, explain

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| Undergraduate & Graduate Education | | | | |
| **Institution & Location** | **Dates Attended** | **Degree** | **Date of Degree** | **Field of Study** |
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| Medical Education | | | |
| **Institution & Location** | **Dates Attended** | **Degree** | **Date of Degree** |
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| |  |  | | --- | --- | | YES | NO |   Medical Education Extended/Interrupted? If yes, explain: | | | |

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| Medical School Honors/Awards |
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| Residency/Fellowship (Past & Present) | | | | |
| **Institution & Location** | **Specialty** | **Program Director** | **Dates Attended** | **Completed** |
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| Membership in Honorary/Professional Societies |
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| Publications |
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| Other Awards/Accomplishments |
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| Special Courses |
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| Hobbies & Interests |
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**Essay Question:** Why do you desire to train in a craniofacial fellowship program and what are your future plans after training?

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| Certification |

I certify that the information contained within my application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position, or if employed, may constitute cause for termination from the program.

*Signature Date*