**WOMENS HEALTH CLINICAL FELLOWSHIP APPLICATION**

**For the Academic Year Beginning July 1, 2020 and Ending June 30, 2021**

**DEPARTMENT OF OBSTETRICS & GYNECOLOGY**

**MICHIGAN MEDICINE**

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| --- | --- | --- | --- | --- |
| Date of Application:  ***Due September 3, 2019*** |  | | |  |
| Name: |  | | | Tape or Glue |
| Home Address: |  | | | (Do not staple) |
|  |  | | | 2” x 2” Photo |
| Home/Cell Phone: |  | | |  |
| E-mail: |  | | |  |
| Pager: |  | | |  |
| Work Address: |  | | | |
|  |  | | | |
|  |  | | | |
| Work Phone: |  | | | |
|  |  |  |  | |
| Nation of Citizenship: |  | Type of Visa: |  | |
|  |  |  | | |
| Residency Program: |  | | | |
|  | Attach additional sheet if additional residency programs. ECFMG certification is required for all graduates of foreign residency programs. | | | |
| Dates: |  | City & State: |  | |
| Department Chair: |  | Phone: |  | |
| Program Director: |  | Phone: |  | |
|  |  |  |  | |
| Medical School: |  | | | |
| Dates: |  |  |  | |
|  |  |  |  | |

**Additional Documentation Required:**

In order to be considered for the interview process, the following items are ***due (postmarked) no later than September 3, 2019***.

* Complete Application including a 2” x 2” photo (if a digital photo is sent, it does not need to be attached above)
* Curriculum Vitae following NIH guidelines
* Personal Statement (See below)
* Two Letters of Recommendation (One from the either the Residency Program

Director or Chair) sent directly to the program via email (preferred), fax or US mail (see below).

* USMLE Transcripts
* Medical School Transcript

*Be sure to include the following information in your Personal Statement:*

1. Why do you want to be involved with the Women’s Health Clinical Fellowship Program?
2. What qualifications and characteristics make you more competitive than other applicants?
3. What research interests and experience do you have?

All documentation should be forwarded to:

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| --- | --- |
| Michigan Medicine  Department of Obstetrics and Gynecology  ATTN: Lisa Rendall, Program Manager  1500 East Medical Center Drive, L2003 UH-S  Ann Arbor, Michigan 48109-5276 | Phone: (734) 232-2384  Fax: (734) 764-7261  **Email:** [**lmrendal@med.umich.edu**](mailto:lmrendal@med.umich.edu) |

**Email is the preferred mechanism**. If documents are emailed, they do not need to also be faxed and/or sent via US mail.