

# Clinical Pharmacology Fellowship Application

INDIANA UNIVERSITY SCHOOL OF MEDICINE

-Please type or print -

**Application Date:** \_\_\_\_\_

## Personal:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

When can you begin your fellowship training? \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Military Status: \_\_\_\_\_

### **Citizenship/Visa status (check one):**

US Citizen: \_\_\_\_\_ Noncitizen national: \_\_\_\_\_ Permanent Resident: \_\_\_\_\_

If not US citizen state citizenship, visa status and ECFMG results:

Citizenship: \_\_\_\_\_

F (student): \_\_\_\_\_ J (exchange scholar): \_\_\_\_\_ H (specialty occupation): \_\_\_\_\_

I-94 #: \_\_\_\_\_ No current visa: \_\_\_\_\_

ECFMG certification #: \_\_\_\_\_ Date: \_\_\_\_\_ Standard score: \_\_\_\_\_

Interim score: \_\_\_\_\_ VQE score: \_\_\_\_\_ TOEFL score: \_\_\_\_\_ Date: \_\_\_\_\_

# Education

## Medical School (if applicable):

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Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Year Awarded: \_\_\_\_\_

## Internship, Residency, and Fellowship Training

1. Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Position: Resident \_\_\_\_\_ Chief Resident \_\_\_\_\_ Fellow \_\_\_\_\_ Intern \_\_\_\_\_

Program/Specialty \_\_\_\_\_ Dates: \_\_\_\_\_

2. Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Position: Resident \_\_\_\_\_ Chief Resident \_\_\_\_\_ Fellow \_\_\_\_\_ Intern \_\_\_\_\_

Program/Specialty \_\_\_\_\_ Dates: \_\_\_\_\_

3. Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Position: Resident \_\_\_\_\_ Chief Resident \_\_\_\_\_ Fellow \_\_\_\_\_ Intern \_\_\_\_\_

Program/Specialty \_\_\_\_\_ Dates: \_\_\_\_\_

Additional Medical Experience Related to this application:

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**Doctoral Degree Information (if applicable):**

Awarding Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Year Awarded: \_\_\_\_\_ Thesis Advisor: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other graduate degrees (if applicable):**

College or University: \_\_\_\_\_

Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Year Awarded: \_\_\_\_\_ Program of Study: \_\_\_\_\_

**Undergraduate/Premedical College or University:**

\_\_\_\_\_  
Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Year Awarded: \_\_\_\_\_ Major: \_\_\_\_\_

**Licensure and Board Certification:**

National board examination date: \_\_\_\_\_ Results: \_\_\_\_\_

State board examination date: \_\_\_\_\_ Results: \_\_\_\_\_

\*Licensure-State: \_\_\_\_\_ Date: \_\_\_\_\_ License No. \_\_\_\_\_

\*Licensure-State: \_\_\_\_\_ Date: \_\_\_\_\_ License No. \_\_\_\_\_

\*Licensure-State: \_\_\_\_\_ Date: \_\_\_\_\_ License No. \_\_\_\_\_

\*Specialty board certification or specialty: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please attach a photocopy**

**Research Experience - please list publications, if any:**

**Essay:**

Please discuss your career objectives and provide any other information that would help us evaluate your application. (*You may attach a letter or additional pages for this purpose.*)

May we contact you to make arrangements for an interview?: **yes**    **no**

Preferred contact e-mail address: \_\_\_\_\_

Application return address:

J. T. Callaghan, M.D., Ph.D.  
Associate Professor of Medicine *and* Pharmacology and Toxicology  
Division of Clinical Pharmacology  
Indiana University School of Medicine  
1001 West 10<sup>th</sup> Street  
WD Myers Bldg., Rm. W7123  
Indianapolis, IN 46202

Application must be accompanied by:

1. A recent photograph (approximately 2 1/2" x 3")
2. A copy of your curriculum vitae
3. A copy of your bibliography and one copy of each of three publications (if available)
4. Photocopy of university diplomas (medical or graduate programs), medical license and Specialty Board Certification

**\*\*Note:** One letter of recommendation from your residency director and two letters of recommendation from your medical sponsors or other individuals with whom you have worked should be sent directly to Dr. Callaghan by the writers.

Date Received \_\_\_\_\_