

**YALE/VA INFORMATICS FELLOWSHIP
COMMON APPLICATION**

Programs		Complete this form, sign, save to your local HD and send as attachment to
NIH/NLM Informatics Research Fellowship		nlni.fellowship@yale.edu
ACGME Clinical Informatics Fellowship		ci.fellowship@yale.edu
VA Special Informatics Fellowship		vai.fellowship@yale.edu

Date of application	Desired Start Date
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Personal Data

NAME: Last	First	Middle Initial
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Mailing Address: Number and Street

City	State	Zip Code
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Daytime Phone #	Alternative Phone #	Email Address:
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Permanent Address: (List SAME if same as above) Number and Street::	C/O Name	Permanent Phone #:
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City	State	Zip Code
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Date of Birth: (required for state license application)	Citizenship (Identify Country)
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Curriculum Vitae (CV)

Attach your curriculum vitae. Include current and previous undergraduate, graduate, medical, and graduate medical education. All time periods from college to present must be documented on your CV or described in your personal statement.

Board Certification/Board Eligibility

Specialty	Status (Eligible/Certified)	Expires
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Specialty	Status (Eligible/Certified)	Expires
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Personal Statement

Please attach an autobiographical statement. Tell us about yourself, your interests, and your career expectations. All time periods from college to present must be documented on your CV or described in your personal statement. Please list your publications, and include links to them in PubMed.

Research, Work and Extra Curricular Experience

Please describe any research, work and extracurricular experience that you feel will enhance your application as a separate document, unless otherwise listed in your CV or described in your personal statement.

Letters of Recommendation. Include full name, title, address, phone number, and email address. *You are required to contact these individuals and request that they email the letter to the appropriate program email address.*

Residency Program Director or Department Chairperson (required)

Faculty member (required)

Faculty member (required)

Faculty member (optional)

Have you ever been terminated from a training program?

Yes ___ No ___

Has your medical staff privileges ever been denied, suspended or revoked?

Yes ___ No ___ Not applicable ___

Has your state medical license or DEA number ever been denied, suspended or revoked?

Yes ___ No ___

Have you ever been convicted of a felony?

Yes ___ No ___

Have you ever been named in a malpractice lawsuit?

Yes ___ No ___

If the answer to any of the questions above is yes, please explain on a separate sheet of paper.

The information I have given in this application and the attached CV is current and complete to the best of my knowledge.

I do ___ do not ___ relinquish my right to review the letters of recommendation in my file. (Please Check One).

Signature

Date