

PHOTOGRAPH

APPLICATION FOR

FELLOWSHIP \_\_\_\_\_  
specialty

For the period of  
2010 to  
2013 \_\_\_\_\_

Name \_\_\_\_\_  
last first middle

Address(permanent) \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Address(present) \_\_\_\_\_ Telephone No (Day) ( )  
(Home) ( ) \_\_\_\_\_

Citizenship \_\_\_\_\_ Social Security No. \_\_\_\_\_

Visa Status: Exchange Visitor \_\_\_\_\_ Permanent Immigrant \_\_\_\_\_ Other \_\_\_\_\_

Education:

Premedical College \_\_\_\_\_ Degree \_\_\_\_\_ Year Completed \_\_\_\_\_

Graduate \_\_\_\_\_ Degree \_\_\_\_\_ Year Completed \_\_\_\_\_

Medical School \_\_\_\_\_ Degree \_\_\_\_\_ Year Completed \_\_\_\_\_

National Board Or State Board Examinations \_\_\_\_\_  
(dates taken and results)

Training:

1st Post Graduate Year (Internship):

Hospital \_\_\_\_\_ type of training \_\_\_\_\_ dates \_\_\_\_\_

Other training or hospital research since medical school:  
(please list in chronological order, including your present position)

Hospital \_\_\_\_\_  
name address type of training dates

(over)

**PUBLICATIONS:**

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**RESEARCH EXPERIENCE AND INTERESTS:**

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**MEMBERSHIP IN ORGANIZATIONS (Professional and Others):**

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**REFERENCES:**      Please have 3 physicians competent to judge your professional qualifications send letters directly to us.

1. 

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2. 

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3. 

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**APPLICATION PROCEDURE:**

- Application, Photo
- CV, Personal Statement
- (3) Letters of Reference
- ECFMG certificate, copy of visa

**Signed:** 

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**Date:** 

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**PLEASE RETURN TO:**      Penelope H. Dennehy, M.D.  
Division of Pediatric Infectious Diseases  
Rhode Island Hospital  
593 Eddy Street  
Providence, RI 02903