

UNIVERSITY OF WASHINGTON
CLINICAL INFORMATICS FELLOWSHIP APPLICATION

Please email completed application to:

bimecif@uw.edu

Date of application		Desired Start Date	
Personal Data			
NAME: Last		First	Middle Initial
Mailing Address: Number and Street			
City		State	Zip Code
Cell Phone # (preferred):	Daytime/Other Phone #:	Email Address:	
Permanent Address: (List SAME if same as above) Number and Street:		C/O Name	Permanent Phone #:
City		State	Zip Code
Citizenship (Identify Country)			
Curriculum Vitae (CV)			
Attach your curriculum vitae and photograph. Please see attached UW curriculum vitae sample.			
Medical Training and Related Documents			
Please forward copies of official Medical School Diploma and Transcript, USMLE/COMLEX transcripts, current state medical licensure, and certificates or other validation of all other previous training (e.g. residency graduation certificate). E-mail bimecif@uw.edu or send by post to Clinical Informatics Fellowship, Department of Biomedical Informatics and Medical Education, University of Washington, Box 358047, Seattle, WA 98195.			
Personal Statement			
Attach a personal statement that addresses:			
1) What are your reasons for pursuing a fellowship in Clinical Informatics and Master of Science in Clinical Informatics and Patient-Centered Technologies?			
2) What current research or applied interests do you want to study in this program (describe a project idea to work on as a fellow)?			
3) Describe your participation in research-related activities or health information management.			
4) Identify, if known, which informatics / clinical faculty with whom you would like to work.			
5) Describe your future personal and professional goals, values, and aspirations: What are your career goals after completing this program?			
Letters of Recommendation. Include full name, title, address, phone number, and email address; and name/phone/e-mail of their assistant (if applicable). <i>You are required to contact these individuals and request that they email the letter to bimecif@uw.edu. The letter should specify whether it has been shared with you or not.</i>			
Residency Program Director or Department Chairperson (required)			
Faculty member (required)			
Faculty member or Other Reference (required)			

Examinations Taken		Copies of original documents with scores and dates must accompany application	
U.S./Canadian Medical School Graduates		International Medical School Graduates	
USMLE dates taken & scores	Step 1 Step 2 Step 3	USMLE dates taken & scores Step 1 Step 2 Step 3	
NBME dates taken & scores	Part I Part II Part III	FMGEMS no.	ECFMG no.
COMPLEX dates taken & scores	Level 1 Level 2 Level 3	FMGEMS exam dates & score	
FLEX Date Score		Basic Science Clinical Science English	TOEFL date & Score
Licensure (temporary permit; full/complete)		FLEX date Score	
State Number Date granted Type Expiration Date		Current visa status: Entry date Expiration date	
State Number Date granted Type Expiration Date		Type of visa	Visa no.

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 ___
 Have you ever started a residency/fellowship program and been unable to complete the program to full term? Yes ___ No ___
 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 ___
 Are you currently or have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution? Yes ___ No ___
 Do you have or anticipate family or other obligations that preclude you from full-time participation in a two year fellowship in Seattle, WA? Yes ___ No ___
 Have you ever been charged with a violation of the law which resulted in, or if still pending could result in, probation, community service, a jail sentence, or the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more?) 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 any attachments are current and complete to the best of my knowledge. I understand that making false or fraudulent statements within this application or attachments may result in denial of my application.

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

Signature

Date