



**APPLICATION FOR FELLOWSHIP  
IN  
REPRODUCTIVE INFECTIOUS DISEASES**

Date of Submission: \_\_\_\_\_

**Candidate Information:**

Name: \_\_\_\_\_  
Last
Middle
First

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

Current  
Mailing Address: \_\_\_\_\_  
Street
City
State
Zip

Telephone: \_\_\_\_\_  
Home
Cell
Pager

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

USA / Foreign Citizen \_\_\_\_\_ Permanent Immigrant Visa# \_\_\_\_\_  
(circle one) Country (if Foreign)

**Professional Information:**

**Licensure**

*List all state licenses you have ever had.*

	State	License #	Date of Issue	Expiration Date
Original License	_____	_____	_____	_____
Other License	_____	_____	_____	_____
Other License	_____	_____	_____	_____

*Submit a copy of your license if you are licensed in the state of South Carolina.*



Have you ever been denied a license, permit, or the privilege of taking an examination by any licensing authority? \_\_\_\_\_

Have you ever had a license or permit encumbered in any way (revoked, suspended, surrendered, censored, restricted, limited, placed on probation)? \_\_\_\_\_  
*If yes, please attach a detailed explanation.*

Have you ever been named in a malpractice suit? \_\_\_\_\_  
*If yes, please attach a detailed description.*

**Medical Training**

**Residency Training Program:** \_\_\_\_\_  
 \_\_\_\_\_

Years in Attendance: \_\_\_\_\_

Anticipated Completion: \_\_\_\_\_

CREOG Scores: \_\_\_\_\_  
                                     1<sup>st</sup>                   2<sup>nd</sup>                   3<sup>rd</sup>                   4<sup>th</sup>

USMLE Scores: \_\_\_\_\_

**Medical School Program:** \_\_\_\_\_  
 \_\_\_\_\_

Years in Attendance: \_\_\_\_\_

Graduation: \_\_\_\_\_

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

**Other Graduation Education Program:** \_\_\_\_\_  
 \_\_\_\_\_

Years in Attendance: \_\_\_\_\_

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

**Current Position:** \_\_\_\_\_

**Undergraduate Education:** \_\_\_\_\_

\_\_\_\_\_

Years in Attendance: \_\_\_\_\_

Area of Study: \_\_\_\_\_

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

**Honors and Awards:**

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

**Activities:**

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

**Publications:**

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



**A minimum of three letters of recommendation, including one from the chairman of your department of residency training, are required.**

List below the names of your three references; ask them to correspond directly with the Program Director.

1. \_\_\_\_\_  
Name Institution
2. \_\_\_\_\_  
Name Institution
3. \_\_\_\_\_  
Name Institution

**Please submit all application materials to:**

**Mindi Martin, Program Coordinator**

**[martimin@musc.edu](mailto:martimin@musc.edu)**