



APPLICATION FOR APPOINTMENT
ADDICTION MEDICINE FELLOWSHIP
Applying for Academic Year _____

Name: _____
(first) (middle) (last)

Address: _____

(city) (state) (zip code)

Telephone #: _____ Fax #: _____ E-mail: _____

Gender: _____ Date of Birth: _____ Beeper: _____

Citizenship: _____ If not US citizen, state type of visa you hold: _____

Please indicate how you heard about our program: _____

<u>Education and Training</u>	<u>Institution, City and State</u>	<u>Year/Dates</u>	<u>Degree</u>
College	_____	_____	_____
Medical School	_____	_____	_____
Internship	_____	_____	_____
Residency	_____	_____	_____
Fellowship	_____	_____	_____

USMLE - Part III Date Passed: _____

Board Certified: _____
Date Specialty

Board Eligible: Yes No _____
Specialty

References

List names and addresses of three references, who you will ask to send letters to Jasmine Webb at the address below. Please include the chairman of the department of medicine (or an equivalent person) and the director of your primary care or outpatient clinic, or general internal medicine, if possible.

- 1.
- 2.
- 3.

Signature: _____

Date: _____

Kindly enclose a curriculum vitae and a personal statement

Please mail copy of this application to Jasmine Webb at the following address:

**Substance Use Disorders Initiative
Massachusetts General Hospital
55 Fruit St, Founders 880
Boston, MA 02114
Tel: 617- 643-8281
Fax: 617-643-8280**