

# University of Colorado School of Medicine

Department of Family Medicine  
 Department of Medicine  
 Division of General Internal Medicine

## Colorado Palliative Medicine Fellowship Application

Attach  
 Recent  
 Photograph  
 (Optional)

Date	Planned Starting Date	
Last Name	First Name	Middle Initial
Home Address	Telephone	
City	State	Zip
Work Address	Telephone	
City	State	Zip
E-Mail Address	Birth Date	
Social Security Number	Place of Birth	
Citizenship	ECFMG Status & Number (enclose copy)	
Visa Status and Number (if applicable)	USMLE scores (enclose copy)	
Ethnicity (Optional) <input type="checkbox"/> No Answer <input type="checkbox"/> Spanish/Hispanic/Latino/Latina <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian	Language Fluency (Other than English)	

### PREMEDICAL EDUCATION

College	Address	From	To	Degree

### MEDICAL EDUCATION

College	Address	From	To	Degree

### PROFESSIONAL TRAINING

Position	City	Institution	Type of Service	From	To
Internship					

Position	City	Institution	Type of Service	From	To
Residency					
Fellowship					
Other post grad work experience, including current hospital staff membership.					

List three references, including your Residency's Program Director and have them send us letters of recommendations.

**REFERENCES**

Name	Title	Address and Telephone Number

Are you Board Certified?  No  Yes If Yes, state Board name (enclose copy).

Are you DEA registered?  No  Yes If Yes, list registration number and expiration month/year (enclose copy).

Are you currently licensed to practice Medicine in the US?  No  Yes If Yes, list states and license numbers (enclose copy).

Military service and present status.

List honors, scholarships, grants, etc.

Has your Medical License ever been suspended/revoked/voluntarily terminated?  No  Yes If Yes, please give a complete explanation on a separate piece of paper.

Have you ever been named in a malpractice case?  No  Yes If Yes, please give a complete explanation on a separate piece of paper.

Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges?  
 No  Yes If Yes, please give a complete explanation on a separate piece of paper.

Have you ever been convicted of a felony?  No  Yes If Yes, please give a complete explanation on a separate piece of paper.

Are you able to carry out the responsibilities of a fellow in this program including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations?  Yes  No If No, please describe limiting aspects on a separate piece of paper.

On a separate piece of paper, attach a one page personal statement describing your personal interest and objectives in pursuing a career in palliative medicine. Specify interest in one or two year fellowship.

Enclose, mail or fax a copy of your **curriculum vitae**; please include work experience, volunteer experience, research experience and publications.

Return to:	Diane Nash, Program Coordinator	Phone: (303) 724-9755
	University of Colorado Palliative Medicine Fellowship	
	Department of Family Medicine	Fax: (303) 724-9747
	12474 E. 19 <sup>th</sup> Ave., Bldg. 402	
	P.O. Box 6508 – Campus Box F496	Email: Diane.Nash@ucdenver.edu
	Aurora, CO 80045-0508	

**APPLICANT'S AFFIDAVIT:**

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading or false statements would be cause for rejection of this application or would be sufficient cause for dismissal after my appointment. I hereby authorize my present and past employers to furnish the University of Colorado with their records of service.

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Signature

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Date