



JACOBI MEDICAL CENTER / ALBERT EINSTEIN  
COLLEGE OF MEDICINE

NEPHROLOGY FELLOWSHIP APPLICATION

*We are currently accepting applications for the Nephrology Fellowship program starting in July 2005 as well as July 2006. Please complete all sections. To this completed application, attach a CV and a personal statement. Please arrange for three (3) letters of recommendation to be sent directly to the address below.*

APPLYING FOR FELLOWSHIP IN NEPHROLOGY STARTING: (circle one)

JULY 2005

JULY 2006

GENERAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

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

E-mail: \_\_\_\_\_

Telephone: (Daytime): \_\_\_\_\_ Pager: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

US Citizen or Permanent Resident: (circle one) Yes No

If not US Citizen or Permanent Resident:

Visa Status (circle one): J-1 H-1 Other (Type: \_\_\_\_\_)

Expiration Date: \_\_\_\_\_

Education:

Institution	City/State	Dates Attended	Degree Granted
1. _____			
2. _____			
3. _____			
4. _____			

Current Appointment/ Institution: \_\_\_\_\_

**CERTIFICATION & ACTIVE LICENSURE**

<u>State</u>	<u>License Number</u>
_____	_____
_____	_____

ABIM Board Certified / Eligible (circle one)

**APPLICATION CHECKLIST:**

- Completed Application
- Personal Statement
- Medical School Transcript
- Internship/Residency Certificate or Verification Letter
- USMLE
- License (If Applicable)
- Curriculum Vitae
- Dean’s Letter
- Medical School Diploma
- 3 Letters of Recommendation
- Copy of ECFMG Certificate
- Recent Photograph

Please send your application packet to:

Susan Foley  
 3N1, Building 1  
 Jacobi Medical Center  
 1400 Pelham Parkway South  
 Bronx, NY 10461

Tel: (718) 918-5640/5642  
 Fax: (718) 918-7460  
 E-mail: susan.foley@nbhn.net

**APPLICATION DEADLINE FOR JULY 2005 PROGRAM: APRIL 20, 2005**

**APPLICATION DEADLINE FOR JULY 2006 PROGRAM: MAY 15, 2005**