



Urogynecology Specialists

O F K E N T U C K I A N A

Urogynecology Specialists of Kentuckiana
Suite 515, Norton Suburban Medical Plaza III
4121 Dutchmans Lane
Louisville, KY 40207

Date received: _____
Interview date: _____
Ranking: _____

FELLOWSHIP APPLICATION FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY YEAR 2005

Recent photograph

Applicant's Name: _____ S.S.# _____
Last First Middle

Birthdate: _____ Birthplace: _____ Email Address: _____

Are you participating in the NRMP "match"? Yes ___ No ___ NRMP Number _____

Permanent Address: _____ Phone # _____

Present Position: _____ Phone # _____

U.S. Citizen: Yes ___ No ___ If not, have you passed ECFMG Examination: Yes ___ No ___

Have you passed VOE: Yes ___ No ___

If Yes, Date of Examination: _____ Certificate #: _____ Type of Visa: _____

Country of Citizenship: _____ Military Service: _____
Branch Dates

Medical License(s) (Give Number, Date and State(s)): _____

Are You in Good Health? Yes ___ If Not, What is the Problem(s): _____

PLEASE COMPLETE ALL ITEMS THAT FOLLOW EVEN IF LISTED IN YOUR CV

PREMEDICAL AND MEDICAL EDUCATION

DEGREE	INSTITUTION	LOCATION	DATES OF ATTENDANCE	FIELD

INTERNSHIP

TYPE OF INTERNSHIP HOSPITAL LOCATION DATES OF SERVICE

RESIDENCY EXPERIENCE

TYPE OF RESIDENCY HOSPITAL LOCATION DATES OF SERVICE

OTHER POSTGRADUATE TRAINING

TYPE HOSPITAL LOCATION DATES

PRIVATE PRACTICE EXPERIENCE

TYPE LOCATION DATES

ABOG STATUS

DIPLOMATE ABOG: Yes ___ No ___ Date _____ ORAL EXAM DATE _____ WRITTEN EXAM DATE _____

APPLIED FOR WRITTEN EXAMINATION: Yes ___ No ___ DATE: _____

IF NO, SATISFACTORY COMPLETION OF ALL EDUCATIONAL REQUIREMENTS: Yes ___ No ___

RESEARCH EXPERIENCE

DESCRIBE RESEARCH INTERESTS, EXPERIENCES, AND GOALS

TEACHING EXPERIENCE

DESCRIBE TEACHING INTERESTS, EXPERIENCE, AND GOALS

PROFESSIONAL HONORS

(Citations, Awards, Prizes)
