

Common Application for Psychosomatic Medicine Fellowship

(This application form was prepared by the Academy of Psychosomatic Medicine)

Items marked with an * are optional

Please attach recent photo*

Please include:

1. Completed application form
2. Curriculum vitae
3. Letter from Residency Training Director
4. Two additional letters of recommendation
5. Personal statement describing your current interests, accomplishments, and professional goals in Psychosomatic Medicine

Position Desired: PGY-V ☐ PGY-VI ☐ Starting: _____, 20____
Month Year

Name: _____
First Middle Last:

Current Address: _____
Street

City State Zip Country

Current Home/Cell Phone: (____) _____ Current Work Phone: (____) _____

Email Address: _____

Birth Date*: _____ Race/Ethnicity*: _____ Gender*: _____

Citizenship: Type of visa (non-US citizens): _____

Undergraduate Education:

Name of School: _____
From: _____ To: _____ Degree: _____
Name of School: _____
From: _____ To: _____ Degree: _____

Medical School:

Name of School: _____
From: _____ To: _____ Degree: _____
Name of School: _____
From: _____ To: _____ Degree: _____

Other Postgraduate Education:

Name of School: _____
From: _____ To: _____ Degree: _____
Name of School: _____
From: _____ To: _____ Degree: _____

(continued on next page)

Residency Program:

Name of Program: _____

From: _____ To: _____

Name of Program: _____

From: _____ To: _____

Clinical Experience in addition to Residency (include internships and other pertinent training with the institution name and dates of attendance):

USMLE Exam Scores: Step I: _____ Step II: _____ Step III: _____

Foreign Medical Graduates: A copy of the standard ECFMG certificate must accompany the application.

ECFMG No. (if applicable): _____

Board Certified? ☐ Yes (year: _____) ☐ No

State Medical License (if applicable): _____
Year State License No.

Letters of Recommendation will be sent by:

1. Name: _____ Title: _____ (Training Director)

Address: _____

2. Name: _____ Title: _____

Address: _____

3. Name: _____ Title: _____

Address: _____

Date of Application: _____ Signature: _____