Application for Addiction Medicine Fellowship

The Fellowship in Addiction Medicine is available to graduates of Family Medicine residency programs who are eligible for medical licensure in the State of Washington and Family Medicine with Obstetrics admitting privileges at the Swedish Medical Center.

_____

Name: Last/First/Middle E-mail Address

_____

Date of Birth Social Security Number

_____

Home Address Telephone

_____

Work Address Telephone

Medical School Please submit copy of diploma.

Institution	Degree	Address	Dates

Postgraduate Education

Institution	Program	Address	Dates

Board Certification Specialty/Date: _____

(If Board eligible, certifying exam date)

Medical Licensure

State	License #	Expiration Date
_____	_____	_____
_____	_____	_____

DEA # _____

Personal Statement and Curriculum Vitae

In 500 words or less describe your career preparation for the Addiction Medicine Fellowship and the effect the training would likely have on your future medical career.

References

Supply three letters of recommendation from three references, at least two should be from physicians and at least one from someone who has either worked with you recently or who has supervised your residency training. Please list the references below.

1. _____
   Name/Title
   _____
   Institution Telephone
   _____
   Address

2. _____
   Name/Title
   _____
   Institution Telephone
   _____
   Address

3. _____
   Name/Title
   _____
   Institution Telephone
   _____
   Address

Release of Information

I am applying to your Fellowship in Addiction Medicine for the 2011-2011 academic year. I understand that, in the event my application is accepted for appointment as a fellow, I authorize an investigation of all statements contained in this application and my curriculum vitae and do hereby release any and all persons, companies, or agencies responding to such investigations from any liability and for any damage due to releasing information pertaining hereto. I further understand that misrepresentation of facts asked for on this application is cause for rejection of this application or for subsequent dismissal from appointment as fellow, no matter when discovered. If I am employed, I agree to comply with and be bound to all rules and regulations of Swedish Medical Center, the Addiction Recovery Service and the Fellowship.

_____ _____
Signature of Applicant Date

Checklist

1. Application Completed
1. Personal Statement
1. CV
1. Letters of Recommendation (3)
1. Medical School Diploma
1. *Residency Graduate Certificate*
1. *ABFP Certificate*