



**Department of Internal Medicine • Division of Gastroenterology & Hepatology
The Brody School of Medicine
East Carolina University**

Pitt County Memorial Hospital Teaching Annex, Room 308 • Greenville, NC 27834
252-744-4652 office • 252-744-8426 fax

Dear Applicant,

Thank you for your interest in the Gastroenterology Fellowship program at the Brody School of Medicine at East Carolina University.

Please complete the enclosed fellowship application and **mail the completed application, including 4 letters of recommendation**, to the address below no later than **January 31, 2008**.

**Jane Desomma, Fellowship Coordinator
Department of Internal Medicine, Division of Gastroenterology
PCMH-TA #308
Brody School of Medicine at East Carolina University
Greenville, NC 27834**

Questions and requests for more information regarding our fellowship program should be directed to Dennis Sinar, MD, Fellowship Director at sinarde@ecu.edu.

- Completed applications should be returned no later than January 31, 2008.
- Selected applicants will be invited for an interview in early spring.
- Candidates must have successfully completed an approved residency in internal medicine. Prospective Fellows typically apply during the fall of their second year of internal medicine residency.
- Please Note: Pitt County Memorial Hospital does not support H1 Visa

Again, thank you for your interest in East Carolina University and best of luck to you in your educational endeavors.

Sincerely,

Dennis Sinar, MD
Gastroenterology Fellowship Program Director
Professor of Medicine

GASTROENTEROLOGY / HEPATOLOGY

Universal Application Form

Please Print or Type

PERSONAL DATA

Last Name:
First Name:
Middle Initial:

Permanent Address:

City:
State:
Zip Code:

Home Telephone:
Work Telephone:

E-mail Address:
Social Security Number:

Place of Birth:
Date of Birth:

Country of Citizenship:

If not US, what is your visa status:

Permanent Resident J1 H1 Other:
Issue Date: Expiration Date:

Attach Photo
(optional but recommended)

PRINCIPAL AREA OF INTEREST:

- Clinical Practice
 Clinical/Outcomes Research (Studies related to patients or disease processes that involve direct contact between the investigator and humans)
 Basic Science Research (Studies aimed at finding cellular function, molecular biology and pathophysiology using human materials or experimental models)

Name of program to which you are applying:
Date this form was completed:

USMLE SCORES

Step I
Raw/Percentile

Step II
Raw/Percentile

Step III
Raw/Percentile

EDUCATION	Name of Institution	Location	Dates of Attendance	Degree Awarded
College				
Medical School				
Graduate School				

POSTGRADUATE TRAINING	Name of Institution	Location	Dates of Attendance	Type of Training
Internship				
Residency				

LICENSURE

State	Date of Issue	Expiration Date	Number

Have you ever been denied a license, permit or privilege of taking an examination by any licensing authority? Yes No

Have you ever had a license or permit encumbered in any way (i.e., revoked, suspended, surrendered, restricted, limited, placed on probation)? Yes No

Have you ever been named in a malpractice suit? Yes No

If you answered yes to any of these questions, please attach a detailed explanation.

CERTIFICATION

Board:

Year of Certification:

HONORS

(Attach a separate page if necessary; do not write see C.V.)

PERSONAL STATEMENT

On a separate page, outline your interests in GI/Hepatology. Include a description of your career goals after the completion of your fellowship training.

REFERENCES

Four original letters of recommendation are required; photocopies are not acceptable. One letter must be from the Chief of Service, or Program Director, of all accredited US residencies in which you have served.

Name _____ Position / Title _____

- 1.
- 2.
- 3.
- 4.

ADDITIONAL DOCUMENTATION

- Copy of Medical School Transcript Copy of USMLE Scores
 Copy of Medical School Diploma Curriculum Vitae

Signature: _____ Date: _____