

Medical License: Yes No State: _____ Number: _____

Post-Graduate Exam Status:

	Date	Candidacy or Certificate No.
Flex:	_____	_____
National Boards Part I:	_____	_____
National Boards Part II:	_____	_____
Appointment Desired: PG Level:	_____	Specialty: _____
Desired date appointment to begin:	_____	
Date(s) available for interview:	_____	

Foreign Medical Graduates Please Complete the Following:

ECFMG Certificate No.: _____ Date: _____ Type: Interim Standard

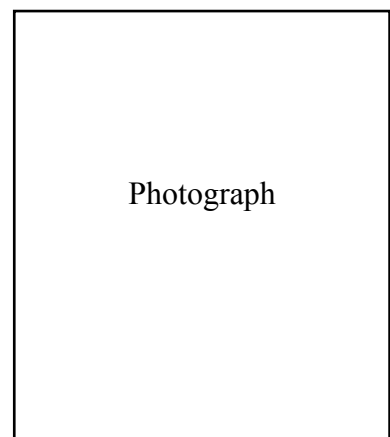
If you are currently in the U.S. on a Visa: Type: _____ Exp. Date: _____

Interests in fields other than medicine: _____

Names and addresses of three individuals whom you have requested to write supportive recommendations:

1. _____
2. _____
3. _____

Below, state briefly your plans for post-graduate training and future practice.



Please include a copy of your curriculum vitae.

Send completed application to: Fellowship Coordinator
Suite 850
225 Abraham Flexner Way
Louisville, KY 40202 USA
Phone: (502) 562-0312
Fax: (502) 562-0326
Email: fellowship@cmki.org