



Kaiser Permanente Greater Southern Alameda Area

2019 - 2020 Addiction Medicine Fellowship Application Form

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>		
Current Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>	E-mail Address	<input type="text"/>		

EDUCATION

Post Graduate Degree	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
University/College	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Residency	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>

REFERENCES

Full Name	<input type="text"/>	Title	<input type="text"/>	Institution	<input type="text"/>
Full Name	<input type="text"/>	Title	<input type="text"/>	Institution	<input type="text"/>
Full Name	<input type="text"/>	Title	<input type="text"/>	Institution	<input type="text"/>

EXAMINATIONS/CERTIFICATIONS/LICENSURES

- Board Certified Yes No
Board Eligible Yes No
CA License Yes No
ECFMG Exam Yes No
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VISA STATUS - "If applicable"

Type of Visa (J1, HI, FI, Etc.)?	<input type="text"/>	Expiration Date	<input type="text"/>	Permanent Resident?	<input type="text"/>
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How did you become interested in Addiction Medicine? Specifically, what professional experience stimulated your interest in this area of medicine?

What is your concept of an Addiction Medicine Specialist Physician?

Describe the ideal characteristics and opportunities you are seeking in a fellowship training program.



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Have you ever been denied a medical license or had your license revoked, limited, restricted or suspended?

- Yes
 No

Have you ever been placed on academic probation in medical school or residency training?

- Yes
 No

Have you ever resigned from any employment position, including a residency or fellowship program?

- Yes
 No

Do you have any pending or previous professional misconduct?

- Yes
 No

Have you ever been convicted of a felony or misdemeanor and/or do you currently have any pending criminal charges?

- Yes
 No

If yes, please describe the date, county, state or location where the conviction occurred. In addition to the nature and circumstance of the crime.

Is there a gap of 6 months or more on your "CV" since beginning medical school?

- Yes
 No

Fellowship Office Only

Date Application Received Approval Date Denial Date

Application Packet Complete? Yes No

Additional
Comments

Reviewed By Date Applicant Notified of Decision