



# Kaiser Permanente Greater Southern Alameda Area

## 2020 - 2021 Addiction Medicine Fellowship Application Form

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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"/>		

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### 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"/>

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### 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"/>

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### 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

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### Fellowship Office Only

Date Application Received  Approval Date  Denial Date

Application Packet Complete?  Yes  No

Additional  
Comments

Reviewed By  Date Applicant Notified of Decision