

Abdominal Transplant Fellowship Program
Approved by the American Society of Transplant Surgeons

Application

Name: _____
last first middle initial

Mailing address: _____
no. street apt. #

_____ *city state country*

Email address: _____

Phone: _____
cell other

State(s) in which you are licensed to practice medicine: _____

In order to ascertain if applicants are eligible for licensing under Washington State disciplinary codes, please answer the following questions.

“Yes” answers to the following questions require written explanation on a separate sheet. Positive responses to questions do not necessarily preclude acceptance.

Have you ever been involved in a malpractice lawsuit or claim (whether or not you were individually named as a defendant)? *yes no*

Have you ever been called before any entity for questioning concerning unprofessional conduct, incompetence, negligence, unsafe practices, or mental or physical impairment? *yes no*

If you have been licensed to practice medicine, has any such license ever been denied, revoked, suspended, or restricted? *yes no*

Have you ever been addicted to, or treated for addiction to, a controlled substance, drug, or chemical? *yes no*

Have you ever used a prescription drug, including controlled substances, for other than therapeutic purposes? *yes no*

Are you presently suffering from any disability or illness (mental or physical) which could affect your ability to fully practice medicine? *yes no*

REFERENCES

Please list the three faculty or professional staff of your program or hospitals in which you have worked who will be providing your letters of recommendation, including the Chair or Director of your residency program.

1. Residency Program Chair/ Director:

_____	_____
<i>name</i>	<i>title</i>

<i>institution</i>	
_____	_____
<i>phone</i>	<i>email</i>

2.

_____	_____
<i>name</i>	<i>title</i>

<i>institution</i>	
_____	_____
<i>phone</i>	<i>email</i>

3.

_____	_____
<i>name</i>	<i>title</i>

<i>institution</i>	
_____	_____
<i>phone</i>	<i>email</i>

The University of Washington provides equal opportunity in education on the basis of race, color, national origin, sex, and sexual orientation in accordance with Title VI of Civil Rights Act of 1964 and Title IX of the Education Amendments and Sections 799A and 855 of the Public Health Service Act.