

**Albert Einstein College of Medicine
Montefiore Medical Center
General Internal Medicine Fellowship Program Application**

Application Date: _____

Name (Last, First): _____

PERSONAL INFORMATION

Address:

Email: _____

Phone: _____

Beeper: _____

Date of Birth: _____

Gender: Male Female

Self-identification of race/ethnicity:

Do you consider yourself to be Hispanic or Latino(a)? Yes No

In addition, please indicate one or more of the racial categories to describe yourself:

White Yes No

Black or African-American Yes No

Asian Yes No

American Indian or Alaskan Native Yes No

Native Hawaiian or Pacific Islander Yes No

Other: _____

Are you a U.S. citizen? Yes No

VISA type: _____

Status: _____

EDUCATION

Institution & Location	Degree	Dates	Field of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL, POSTGRADUATE, HOSPITAL EXPERIENCE

Institution & Location	Dates	Title	Service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL CREDENTIALS

National Boards /USMLE Scores	Part I: _____	Part II: _____	Part III: _____
ECFMG# _____	Basic: _____	Clinical: _____	English: _____
FLEX	Date: _____	Score: _____	

New York State Medical License #: _____

Other State(s) Medical License (State, #): _____

Board Certification: Date: _____ Specialty: _____
 Date: _____ Specialty: _____

RESEARCH AND CAREER PLANS

Describe your prior research experience: _____

Describe any publications, presentations or special awards you have received: _____

Why are you interested in the General Medicine Fellowship? _____

Describe your research interests. _____

Describe your desired position after completion of the General Medicine Fellowship. _____

Describe your long-term goals. _____

LETTERS OF RECOMMENDATION

Please list the name, title, email address, and phone number of each person who will provide letters of recommendation. One letter must be from the Residency Program Director.

Name: _____
Title: _____
Email: _____
Phone: _____

Name: _____
Title: _____
Email: _____
Phone: _____

Name: _____
Title: _____
Email: _____
Phone: _____

MEDICAL MISCONDUCT

Have you ever been found guilty of unprofessional conduct, professional misconduct, or negligence in any profession? Yes No

Are charges now pending against you for unprofessional conduct or negligence in any profession? Yes No

Have you ever surrendered any license in lieu of disciplinary procedures? Yes No

Have you ever resigned from any academic institution or health care facility to avoid the imposition of disciplinary measures or curtailments of privileges in any way? Yes No

Have you ever been convicted of a crime (other than a motor vehicle violation, juvenile offense or matter sealed by court)? Are there any outstanding warrants against you? Yes No

If you answered YES to any of these questions, please explain:

FROM COMPLETION

To complete this application please email the following:

1. Completed application
2. Curriculum vitae
3. Documentation of license(s), USMLE Certification

Three letters should be emailed directly to Dr. Nahvi:

1. Two letters of recommendation
2. One letter from the Residency Program Director

EMAIL TO:

Shadi Nahvi, MD, MS
snahvi@montefiore.org
Phone: 718-920-5379