



Graduate Medical Education
9500 Euclid Ave./NA22 | Cleveland OH 44195

APPLICATION FOR FELLOWSHIP

Email the completed application to meded@ccf.org

Program applying for: _____

To begin on _____ at Graduate Level _____

Last Name First Middle (No Initial)

Present Street Address City State ZIP Code Country

Home Phone Work Phone Cell Phone

Permanent Address Home Telephone Work Telephone

City State ZIP Code Country

Email Address Fax Number (If international, please provide country and city codes)

EDUCATION:

College or University City State Beginning Ending Major

Advanced Degree School City State Beginning Ending Degree Granted

Medical School City State Beginning Ending Degree Granted

CERTIFYING EXAMS:

☐ USMLE ☐ COMLEX ☐ Other: _____

Step or Part 1 Step or Part 2 ck Step or Part 2 cs Step or Part 3

HOSPITAL EXPERIENCE: (Please list all previous training. Use additional sheet if necessary.)

Program Hospital City State beginning ending ☐ U.S. ☐ International

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Program Hospital City State beginning ending ☐ U.S. ☐ International

1. Do you currently hold a medical license? ☐ Yes ☐ No

2. List states where you hold permanent licensure - include number and expiration date:

State	License Number	Expiration	State	License Number	Expiration

3. Have you ever been denied a medical license or had a license revoked? ☐ Yes ☐ No

If yes, explain: _____

4. International Medical Graduates Only:

Are you certified by the E.C.F.M.G.? ☐ Yes ☐ No

Certificate number: _____ Certificate issue date: _____

5. Citizen of U.S.? ☐ Yes ☐ No If no, Permanent resident? ☐ Yes ☐ No If yes, Alien number: A# _____

If not a citizen or permanent resident, are you currently in the U.S.? ☐ Yes ☐ No

If so, what is your status?

<input type="checkbox"/> Exchange Visitor Visa (J-1)	<input type="checkbox"/> Research <input type="checkbox"/> Clinical	How long? _____
<input type="checkbox"/> H1B Visa	<input type="checkbox"/> Research <input type="checkbox"/> Clinical	How long? _____
<input type="checkbox"/> Other	Exp. date _____	

If not in the U.S., what type of Visa may we advise you about: ☐ J-1 ☐ H-1B

6. References and Supporting Documents:

PGYI: Please submit a CV, Personal Statement, Deans Letter, USMLE (or COMLEX) score reports, Transcripts, and at least two letters of recommendation from physicians whom have supervised you in a clinical setting as well as a class standing, if available.

PGYII/above: Please submit a CV, personal statement, Deans letter, USMLE (or COMLEX) score reports, transcripts, a letter of support from your residency program director and at least two letters of recommendation from other physicians whom have supervised you in a clinical setting as well as certificate (or other validation) of all previous training.

INTERNATIONAL GRADUATES:

In addition to the requirements above, please send a certified copy of your E.C.F.M.G. certificate.

REFERENCES AND SUPPORTING DOCUMENTS WILL NOT BE RETURNED.

The policy of Cleveland Clinic and its system hospitals is to provide equal opportunity to all of our employees and applicants for employment. Decisions concerning employment, transfers and promotions are made upon the basis of the best qualified candidate without regard to color, race, religion, national origin, age, sex, sexual orientation, marital status, ancestry, status as a disabled or Vietnam era veteran or any other characteristic protected by law.

I certify that the information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by Cleveland Clinic; or lead to other investigative and/or legal action.

Signed _____ Date _____