

HEALTH SCIENCE CENTER

1329 SW 16th Street Suite 4270  
 Gainesville, FL 32608  
 Tel: (352)273-5138

LEADER Clinical Research Fellowship

TYPE OR PRINT CLEARLY

Affix Recent Photo

Date Applying for: \_\_\_\_\_

Level Applying for (circle one): P.G.Y. **4**

Name: \_\_\_\_\_ Sex (circle one): M F  
Last First M.I.

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Address:

Present: \_\_\_\_\_  
No. Street City State Zip

Permanent: \_\_\_\_\_  
No. Street City State Zip

Telephone: Day: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Citizenship Status: \_\_\_\_\_

ECFMG Certificate (If applicable): No: \_\_\_\_\_ Date: \_\_\_\_\_

Premedical Education: \_\_\_\_\_ Graduation Date/Degree: \_\_\_\_\_  
College or University

Premedical Education: \_\_\_\_\_ Graduation Date/Degree: \_\_\_\_\_  
College or University

Medical Education: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
School

Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Medical License: \_\_\_\_\_ ABFM Certified? Y/N \_\_\_\_\_ If not certified, provide exam date: \_\_\_\_\_

Graduate Medical Education (Internships, Residency, Fellowship):

Type	Training Program	Address	Years Attended

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PUBLICATIONS:

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RESEARCH:

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Service Obligations (National Health Service Corps, Armed Forces Scholarship, State Programs, etc.):

I am not required to fulfill any service obligations

I am committed to fulfill the following service obligation(s): \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

**SUPPORTING DOCUMENTS** (A completed application **MUST** include):

1. A Program Director's letter
2. **An official transcript of your medical school grades** (to be sent directly from your medical school)
3. Certificate of Residency Graduation
4. Three letters of recommendation
5. USMLE Scores
6. Personal statement describing your interest in academic leadership, primary care research
7. **A copy of your Curriculum Vitae**

**PREFERRED DATES FOR INTERVIEW:**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature