

**APPLICATION FOR FELLOWSHIP  
IN MATERNAL-FETAL MEDICINE****I. APPLICANT INFORMATION**

Last Name:

First Name:

M.I.:

Current Mailing Address:

City:

State:

Zip:

Home #:

Mobile/Pager #:

Email:

DOB:

SSN:

Birth Place:

Gender:

Marital Status:

Citizenship:

Permanent Immigrant Visa #:

J Visa #:

Other:

**II. MEDICAL TRAINING**1<sup>st</sup> RESIDENCY Institution and Location:  

Start Date (mm/yyyy)

End Date (mm/yyyy)

CREOG Scores:

1<sup>st</sup> year2<sup>nd</sup> year3<sup>rd</sup> year4<sup>th</sup> year2<sup>nd</sup> RESIDENCY Institution and Location:  

Start Date (mm/yyyy)

End Date (mm/yyyy)

USMLE:

Step 1

Step 2 (Clinical Knowledge)

Step 2 (Clinical Skills)

MEDICAL SCHOOL PROGRAM

Institution and Location:

Start Date (mm/yyyy)

End Date (mm/yyyy)

Degree Awarded/Year:

UNDERGRADUATE EDUCATION

Institution and Location:

Start Date (mm/yyyy)

End Date (mm/yyyy)

Degree Awarded/Year:

Area of Study:

### III. LICENSURE

State:

License #:

Date Obtained :

Expiration Date:

State:

License #:

Date Obtained:

Expiration Date:

Standard ECFMG Certificate Number

(If you are a Foreign Medical Graduate – Mandatory)

Certification Date:

1. Are you a Diplomat of the National Boards? If yes, please provide documentation.  
☐ Yes      ☐ No
2. Do you have American Board Certification? If yes, please provide documentation.  
☐ Yes      ☐ No
3. Have you ever been denied a license, permit, or privilege of taking an examination by any licensing authority?  
☐ Yes      ☐ No
4. Have you ever had a license or permit encumbered in any way (revoked, suspended, surrendered, censored, restricted, limited, placed on probation)? If yes, attach a detailed explanation.  
☐ Yes      ☐ No
5. Have you ever been named in a malpractice suit? If yes, attach a detailed description.  
☐ Yes      ☐ No

### IV. EMPLOYMENT AND HOSPITAL PRIVILEGES

Institution and Location:

  

Position:

Dates:

 / 

Institution and Location:

  

Position:

Dates:

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### V. HONORS AND AWARDS / PUBLICATIONS / INTERESTS / ACTIVITIES

Honors and Awards:

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Publications:

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Interests:

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Activities:

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## VI. REFERENCES

*\* A minimum of three letters of recommendation is required, one of which should be from the Program Director of your residency program.*

Full Name:

Title:

Institution:

Telephone #:

Full Name:

Title:

Institution:

Telephone #:

Full Name:

Title:

Institution:

Telephone #:

## VII. CERTIFICATION

I certify that the information contained on 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 fellowship position, or if employed, may constitute cause for termination from the fellowship program.

Applicant's Signature:

Date:

## VIII. SUPPORTING DOCUMENTATION

When submitting your application, please include the following:

1. A current curriculum vitae.
2. A personal statement describing your interest in pursuing a fellowship in Maternal-Fetal Medicine and your long-range goals after the fellowship is completed. This may include any specific research or clinical interests, and plans to serve as an Maternal-Fetal Medicine consultant in private practice or academic medicine.
3. A description of your resident research project (minimum of one full page).
4. Three letters of recommendation from professional colleagues, one of which should be from the Program Director of your residency program.
5. Recent photograph (affix at the bottom of the page).
6. Please feel free to submit any additional information that you deem pertinent to your application.

All application materials should be returned no later than August 15<sup>th</sup>, 2007 to:

Barak M. Rosenn, MD  
Director, Maternal Fetal Medicine Fellowship Program  
Director, Division of Obstetrics and Maternal-Fetal Medicine  
St. Luke's-Roosevelt Hospital Center  
Department of Obstetrics and Gynecology  
1000 Tenth Avenue, Suite 10-C  
New York, NY 10019

Tel: 212 523-6266

Fax: 212 523-8066

Email: Brosenn@chpnet.org

For Internal Use only:

Approved: ☐ Rejected: ☐

Signature, Program Director: Barak M. Rosenn, MD

Date:

Signature, Department Chair: Oded Langer, MD, PhD

Date:

Affix  
2 x 2"  
photo  
here