

APPLICATION FOR PRIMARY CARE SPORTS MEDICINE FELLOWSHIP

NRMP
2450 N Street, NW, Suite 201
Washington, DC 20037-1141
(202)828-0676

To Begin 2006 2007 2008 2009

PERSONAL DATA:

Last Name First Middle

Present Address

City State Zip/Postal Code Country

Area Code/Telephone Home Work Fax

Permanent Address

City State Zip/Postal Code Country

Area Code/Telephone Home Work Fax Email Address

Citizen of U.S. Yes No Social Security Number _____

Are you aware of any limitation which would prevent you from performing the duties of the fellowship for which you are applying?

EDUCATION:

College or University City/State Dates Degree

College or University City/State Dates Degree

College or University City/State Dates Degree

Advanced Degree School City/State Dates Degree

Advanced Degree School City/State Dates Degree

Medical School City/State Dates Degree (M.D./D.O.)

NATIONAL BOARD OF MEDICAL EXAMINERS SCORES:

I

II

III

FLEX SCORES:

I

II

III

US MEDICAL LICENSE EXAMINERS:

I

II

III

HOSPITAL EXPERIENCE:

PGY-I	HOSPITAL	CITY: _____	DATES (INCLUSIVE)	TYPE
_____	_____	STATE: _____	_____	_____
RESIDENCY	HOSPITAL	CITY: _____	DATES (INCLUSIVE)	TYPE
_____	_____	STATE: _____	_____	_____
RESIDENCY	HOSPITAL	CITY: _____	DATES (INCLUSIVE)	TYPE
_____	_____	STATE: _____	_____	_____
RESIDENCY	HOSPITAL	CITY: _____	DATES (INCLUSIVE)	TYPE
_____	_____	STATE: _____	_____	_____

PREVIOUS PRACTICE EXPERIENCE: _____

SPORTS MEDICINE ROTATION (Dates, Type, Location, Instructor):

SPORTS MEDICINE COVERAGE (Games, Events, Training Room, Other):

SPORTS MEDICINE CONFERENCES:

Attended: _____

Presented: _____

ADDITIONAL PERSONAL DATA:

1. Work Experience Prior to Medical Training (Occupational/Title, Dates):

2. Military Status (U.S.A.) (Present Status and Service):

a. Do you hold a Reserve commission? Yes No

To begin _____ for _____ on _____

Branch: _____

Rank: _____

b. Have you served in the military or U.S.P.H.S.? Yes No

Have you attended summer training camp? Yes No

c. Are you required to attend reserve meetings? Yes No

Are you required to attend summer training camp? Yes No

d. Do you have a military or U.S.P.H.S. commitment? Yes No

To begin on _____ for _____

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

Which qualifying exam taken? _____

a. Date passed: _____

Personal Statement Continued:

DO NOT SEND ORIGINAL DOCUMENTS. NO DOCUMENTS WILL BE RETURNED.

PHOTOCOPIES OF THIS APPLICATION WILL BE ACCEPTED. HOWEVER THE SIGNATURE ON EACH APPLICATION MUST BE ORIGINAL

I certify that the information given or attached is true, accurate and complete.

Signature _____
(must be original)

Date _____

PLEASE SEND ALL APPLICATIONS AND SUPPORTING DOCUMENTS TO THE PRIMARY CARE SPORTS MEDICINE FELLOWSHIPS TO WHICH YOU ARE APPLYING.

DO NOT return application the American Medical Society for Sports Medicine.