

WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE

*Application for Post-Doctoral Fellowship
in Geriatric Medicine and Gerontology*

Name:			Social Security Number:			Date:		
Complete Address:								
Phone:								
Date of Birth:			Place of Birth:			Sex:		
			US Citizen:					
			Visa/Green Card Status (enclose photocopy):					
Education								
College			Dates			Degree		
Medical School								
Graduate School								
Post Graduate Education								
Internship			Dates			Specialty		
Residency								
Post-Doctoral Fellowship								

Along with a completed application, applicants should provide USMLE Step I, II, and III scores, Exchange Commission of Foreign Medical Graduates (ECFMG) certification (if applicable), a current CV, a one page personal statement outlining your career objectives, and three letters of recommendation addressed to the Program Director, Hal Atkinson.