Geriatric Psychiatry Fellowship Application

Demographics

Date of application: ____________ For training beginning in: _______________

Full name:

_____________________ _______________________ _________________________
Last First Middle

Present mailing address:
Street _____________________________
City/State/Zip_____________________________

Permanent mailing address:
Street _____________________________
City/State/Zip_____________________________

Phone: _____________________________

Email: _____________________________

Place of Birth: _____________________________

Legally eligible to work in the USA? Yes ☐ No ☐

Visa status (if foreign national): _____________________________

NRMP Participant Code: _____________________________

Current PGY year (or already graduated): _____________________________

Certification/Licensure/References

Certification

USMLE (MD applicants)
Step I: Passed? Yes ☐ No ☐ Date passed:________ Score:________
Step II: Passed? Yes ☐ No ☐ Date passed:________ Score:________
Step III: Passed? Yes ☐ No ☐ Date passed:________ Score:________

COMLEX (DO applicants)
Level I: Passed? Yes ☐ No ☐ Date passed:________ Score:________
Level II: Passed? Yes ☐ No ☐ Date passed:________ Score:________
Level III: Passed? Yes ☐ No ☐ Date passed:________ Score:________

ECFMG number (if applicable): _______________ Date: __________ Not applicable ☐

Board-certified? Yes ☐ No ☐
If "yes" enter name of Board and year certified:_____________________________

Licensure (primary)

State: _______________ Number: _______________ Type: _______________
Original License date:_______________ Expiration Date:_______________

References

Please have at least three and no more than four letters of recommendation from professionals with whom you have worked and/or studied. One of these letters must be from your current or most recent Program Director. Have the letters sent directly to:

Azziza Bankole, M.D.
Geriatric Psychiatry Fellowship Director
2017 South Jefferson Street SW
Roanoke, VA 24014

Please list these references below:

Reference 1:__________________________
Reference 2:__________________________
Reference 3:__________________________
Reference 4:__________________________

Education

Undergraduate: (please provide full name and mailing address for all schools listed)

School 1:
Name:__________________________
Street:__________________________
City/State/Zip: __________________________
Dates attended: __________ to __________
Degree awarded:__________________________

School 2:
Name:__________________________
Street:__________________________
City/State/Zip: __________________________
Dates attended: __________ to __________
Degree awarded:__________________________

Graduate (medical, doctoral, or masters): (please provide full name and mailing address for all schools listed)

Institution 1:
Name:__________________________
Street:__________________________
City/State/Zip: __________________________
Dates attended: __________ to ______________
Degree awarded:__________________________

Institution 2:
Name:__________________________
Street:__________________________
City/State/Zip: __________________________
Dates attended: __________ to ______________
Degree awarded:__________________________

Are there further institutions? Yes ☐ No ☐ If yes, please provide information below.

Postgraduate: (please provide full name and mailing address for all schools listed)

Separate Internship: Yes ☐ No ☐ If yes, institution:
Name:__________________________
Street:__________________________
City/State/Zip: __________________________
Dates attended: __________ to ______________
ACGME accredited: Yes ☐ No ☐

General Psychiatry Residency:
Name:__________________________
Street:__________________________
City/State/Zip: __________________________
Dates attended: __________ to ______________
ACGME accredited: Yes ☐ No ☐

Fellowships:
Name:__________________________
Street:__________________________
City/State/Zip: __________________________
Dates attended: __________ to ______________
ACGME accredited: Yes ☐ No ☐

Are there further fellowships: Yes ☐ No ☐ If yes, please provide information below.

Other professional training
Nature of training: _________________________
Institution: _________________________
Dates attended: __________ to _____________

Other Experience

Relevant work experience:

Research experience and/or interests:

Publications/Presentations at scientific meetings:

Honors/Awards:

Professional memberships:

Outside interests/Achievements:

Personal Statement

Please describe your interest in geriatric psychiatry and plans for future professional work.
(1000-word limit)

I attest that the Attestation/Affidavit signed on a separate sheet applies to this application.

___________________________ ___________________________
Signature *Date*