Division of Nephrology, Hypertension and Renal Transplantation
1600 SW Archer Road, Box 100224
Gainesville, FL 32610-0224
Phone: (352) 846-2692 Fax: (352) 392-5465

Transplant Nephrology Fellowship Application

Name: _____
Last First Middle

Mailing Address: _____
Street Apt #

_____
City State Zip Code Country

Telephone: _____ _____
Day Evening

E-mail: _____

Resident Status: ☐ US Citizen ☐ Permanent Resident ☐ Hold J1 Visa ☐ Hold H1 Visa

Current Position: _____

USMLE Step 1: _____ Step 2: _____ Step 3: _____

Licensure: _____

Professional References: Three physicians whom you have requested to write a letter of recommendation. These must be sent directly by the physician providing the recommendation. Photo copies sent by the applicant are not acceptable

1 _____

2 _____

3 _____

Please submit a 1-2 page personal statement which includes your clinical & research interests, reasons for pursuing transplant training and plans upon completion of fellowship. Please also submit a CV which includes your training, academic degrees, honors, etc.

Send completed application to the attention of Dr. Ulf Meier-Kriesche at the address above.