

College of Medicine
Department of Medicine
Division of Pulmonary, Critical Care and Sleep Medicine

PO Box 100225
Gainesville, FL 32610-0225
352-392-2666
352-392-0821 Fax

Sleep Fellowship Application

Complete application only if you are board eligible for at least one of the following:

1. Pulmonary
2. Pediatrics
3. Psychiatry
4. Neurology
5. Ears, Nose, and Throat (ENT)
6. Internal Medicine

NAME (LAST, FIRST, MIDDLE):

ATTACH RECENT PHOTO

PRESENT ADDRESS:

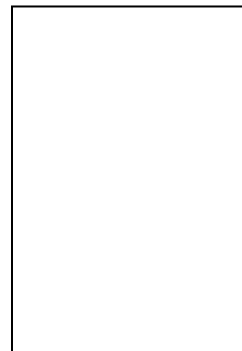
STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PERMANENT ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____



PREFERRED TELEPHONE: _____ ALTERNATE TELEPHONE: _____

EMAIL ADDRESS: _____ BIRTH DATE: _____

CITIZENSHIP/VISA: _____ SOCIAL SECURITY NUMBER: _____

PREMEDICAL COLLEGE:

INSTITUTION:

DATES ATTENDED:

DEGREE/HONORS:

INSTITUTION:

DATES ATTENDED:

DEGREE/HONORS:

MEDICAL SCHOOL:
INSTITUTION:

DATES ATTENDED:

DEGREE/HONORS:

RESIDENCY TRAINING:

RESIDENCY:

RESIDENCY:

TYPE:

TYPE:

HOSPITAL:

HOSPITAL:

DATES ATTENDED:

DATES ATTENDED:

FELLOWSHIP TRAINING (IF APPLICABLE):

TYPE:

HOSPITAL:

DATES ATTENDED:

If you have completed residency training, list current position:

LICENSURE:

Medical:

EXAMINATIONS - USMLE

USMLE Step 1:

EXAMINATIONS - ECFME:

CSA:

State:

USMLE Step 2:

TOEFL:

USMLE Step 3:

Certified by the ECFMG?

THREE PROFESSIONAL REFERENCES (include addresses):

(SEND TO: Dr. Richard Berry, c/o Dawn Alayon, University of Florida, College of Medicine, Division of Pulmonary, Critical Care and Sleep Medicine, Box 100225 JHMHC, Gainesville, FL 32610)

- 1.
- 2.
- 3.

SIGNATURE: _____ DATE: _____

AFTER COMPLETION OF FORM, ATTACH:

1. A CURRENT CV
2. A PERSONAL STATEMENT INDICATING REASONS FOR YOUR INTEREST IN SLEEP MEDICINE AND YOUR FUTURE PLANS.
3. IF YOU HAVE PUBLICATIONS, PLEASE ENCLOSE REPRINTS.

SEND COMPLETED APPLICATION TO: SLEEP MEDICINE FELLOWSHIP, BOX 100225 JHMHC,
GAINESVILLE, FL 32610-0225