UNIVERSITY OF HAWAII GERIATRIC MEDICINE FELLOWSHIP

APPLICANT CHECK LIST

Please check off items that you are sending with your application. If any items are not sent, please provide an explanation.

_____ Application form (2 pages)
_____ Personal statement
_____ CV

_____ Pre-employment disclosure form
_____ Background disclosure form

_____ Request 3 to 4 recommendation letters (may be sent directly to the program)

Note:
• One letter must be from the Chair of the Department
• One letter must be from the residency Program Director
  (the Program Director’s letter should state that the residency program is fully accredited by the ACGME, that you are in good standing in the residency program, and your expected date of graduation and board eligibility status)
• It is not required, but highly recommended for one letter to come from a Geriatrician you have worked with.

Please make sure your letters are current!

Please attach copies of the following:

_____ Medical School Diploma Graduation Date: _____________
_____ ECFMG Certification (International Medical Graduates only)

_____ USMLE Step 1 Scores Date: __________
_____ USMLE Step 2 Scores Date: __________
_____ USMLE Step 3 Scores Date: __________ (Required to join the fellowship program)

_____ Internal Medicine or Family Practice Board Certification (if available) Date: __________

_____ Proof of citizenship or copy of green card (if citizen or permanent resident)

_____ Copy of J1 visa (if applicable) NOTE: We do not sponsor H visas.

Thank you!