University of Washington Affiliated Hospitals Department of Psychiatry and Behavioral Sciences Application for Consultation-Liaison Psychiatry Fellowship

The University of Washington provides equal opportunity in education on the basis of race, color, national origin, and sex in accordance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments and Sections 799A and 855 of the Public Health Service Act.

(first)	(middle)	
	Permanent Address:	
- -		
_		
	(work)	
	In Case of Emergency, Contact:	
- -	Birth Place:	
	nys and Tuesdays. Please indicate below available to interview, if invited:	
cores:		
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PREMEDICAL EDUCATION					
College and Location	Major Area of Study	Dates of Attendance	Degree Award		
		Attoriumoc	Awara	<u>cu</u>	
MEDICAL EDUCATION	,				
Medical School	Location	Dates of Attendance	_	Degree/Date Awarded	
		Attendance	Awaiu	cu	
INTERNSHIPS, RESIDENCI	ES, FELLOWSHIPS				
Name of Hospital	Location	Dates of	Specia	Specialty	
		Attendance			
				_	
Please answer the following	<u> </u>	-	•		
separate sheet of paper; an	swering yes, however,	does not necessarily	preclude	acceptance.	
Have you ever been involv you were individually nam		uit or claim (whether or	not	☐ Yes ☐ No	
Have you ever been called					
professional conduct, com physical impairment?	npetence, negligence, uns	safe practices, or menta	al or	☐ Yes ☐ No	
			I		
If you have been licensed to practice medicine, has any such license ever been denied, revoked, suspended, or restricted?				☐ Yes ☐ No	
Have you ever been addict	ted to or treated for addic	ction to a controlled			
substance, drug, or chemi	•	onon to, a controlled		☐ Yes ☐ No	
Have you ever used a pres	scription drug, including o	controlled substances,	for		
other than therapeutic pur	poses?			☐ Yes ☐ No	
Are you currently suffering			al)		
which could affect your ab	oility to fully practice med	icine?		☐ Yes ☐ No	
I have read and understood	the instructions for the o	completion of this appl	lication. I	certify that the	
information submitted on these		_		ny knowledge. I	
understand that any false or mi	ssing injormation may also	_д ишну те зог а роѕиюн.	•		
Signature of applicants		r.	ato:		
Signature of applicant:		D	ate:		