

**University of Washington Affiliated Hospitals  
Department of Psychiatry and Behavioral Sciences  
Application for Psychosomatic Medicine Fellowship (PGY-5)**

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.

**Name:** \_\_\_\_\_  
                            **(last)**                            **(first)**                            **(middle)**

**Present Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permanent Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_  
                            **(home)**

\_\_\_\_\_  
                            **(work)**

**E-Mail Address (if applicable):**  
\_\_\_\_\_

**In Case of Emergency, Contact:**  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_

Please indicate below three *approximate* dates when you would most likely be available to interview, if invited:

\_\_\_\_\_

**National Board/FLEX/USMLE scores:** \_\_\_\_\_

**Memberships, honors, awards:** \_\_\_\_\_

**PREMEDICAL EDUCATION**

College and Location	Major Area of Study	Dates of Attendance	Degree/Date Awarded

**MEDICAL EDUCATION**

Medical School	Location	Dates of Attendance	Degree/Date Awarded

**INTERNSHIPS, RESIDENCIES, FELLOWSHIPS**

Name of Hospital	Location	Dates of Attendance	Specialty

***Please answer the following questions. Positive answers require written explanation on a separate sheet of paper; answering yes, however, does not necessarily preclude acceptance.***

Have you ever been involved in a malpractice lawsuit or claim (whether or not you were individually named as a defendant)?  Yes  No

Have you ever been called before any entity for questioning concerning professional conduct, competence, negligence, unsafe practices, or mental or physical impairment?  Yes  No

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 addicted to, or treated for addiction to, a controlled substance, drug, or chemical?  Yes  No

Have you ever used a prescription drug, including controlled substances, for other than therapeutic purposes?  Yes  No

Are you currently suffering from any disability or illness (mental or physical) which could affect your ability to fully practice medicine?  Yes  No

***I have read and understood the instructions for the completion of this application. I certify that the information submitted on these application materials is complete and correct to the best of my knowledge. I understand that any false or missing information may disqualify me for a position.***

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_