DEPARTMENT OF VETERANS AFFAIRS
VA PUGET SOUND HEALTH CARE SYSTEM
1660 S. COLUMBIAN WAY
SEATTLE, WA 98108

VA ADVANCED FELLOWSHIP IN HEALTH SERVICES RESEARCH & DEVELOPMENT

Northwest Center for Outcomes Research in Older Adults
Seattle HSR&D Center, VA Puget Sound Health Care System

APPLICATION FORM for Physician (MD) Fellows

INSTRUCTIONS

Please fill out the form electronically and save the completed form with your last name in the file name. Return your completed form by email along with your other application materials to Margaret Nordstrom, the Seattle HSR&D Center Fellowship Coordinator, at: Margaret.Nordstrom@va.gov

CONTACT & BACKGROUND INFORMATION

Name: _____ _____ _____

FIRST MIDDLE LAST

Home Address: _____

STREET

_____ _____ _____

CITY STATE ZIP CODE

Home Telephone: _____

Social Security #: _____

Birth Date: _____

Citizenship: _____

Current Position Title: _____

Office Address: _____

STREET

_____ _____ _____

CITY STATE ZIP CODE

Office Telephone: _____

Requested start date for fellowship program: _____

Applicant Name: _____

EDUCATION

List in chronological order all undergraduate colleges and/or universities attended:

Institution	Location	Dates	Major	Degree

List any non-medical graduate or professional schools attended:

Institution	Location	Dates	Major	Degree

List medical school(s) attended:

Institution	Location	Dates

Medical school graduation date: _____

Applicant Name: _____

List post-MD training sequentially:

PG Training	Dates	Institution	Location	Specialty
PG-1	_____	_____	_____	_____
PG-2	_____	_____	_____	_____
PG-3	_____	_____	_____	_____
PG-4	_____	_____	_____	_____

By the start of the HSR&D MD Fellowship, I will have satisfied clinical training requirements for board eligibility through an accredited residency or fellowship (i.e., 3 years Internal Medicine Residency for career Internist, 3 years Cardiology Fellowship for career Cardiologist, 3 years Pulmonary Fellowship for Pulmonary/Critical Care):

YES ____ NO ____

If I have not finished clinical training, I intend to finish after the HSR&D MD Fellowship:

YES ____ NO ____

List any fellowships you have held:

Names of Fellowship	Institution	Dates
_____	_____	_____
Names of Fellowship	Institution	Dates
_____	_____	_____

List any student/faculty committees on which you have served: (e.g., curriculum committee, admissions committee, etc.)

Committee	Institution	Dates
_____	_____	_____

Duties

_____

Committee	Institution	Dates
_____	_____	_____

Duties

_____

Applicant Name: _____

ACHIEVEMENT

Awards received (including honors, scholarships, etc.):

	Name of Award Citation	Institution	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Publication list: Attach a list of your publications, if they are not listed on your enclosed CV. Abstracts and articles should be separated and inclusive page numbers indicated where appropriate.
If publications are listed on CV, check here: ☐

Laboratory, research, or teaching positions held:

Position	Location	Dates
_____	_____	_____
Position	Location	Dates
_____	_____	_____
Position	Location	Dates
_____	_____	_____

Academic appointments (e.g., lecturer, instructor, etc.):

Title	Institution	Dates
_____	_____	_____
Title	Institution	Dates
_____	_____	_____

Professional positions/titles (e.g., clinic director, etc.):

Title	Institution	Dates
_____	_____	_____

Applicant Name: _____

Title	Institution	Dates
_____	_____	_____
Title	Institution	Dates
_____	_____	_____

Work/professional experiences (not covered by other categories):

Position	Location	Dates
_____	_____	_____

Duties

_____

Position	Location	Dates
_____	_____	_____

Duties

_____

Position	Location	Dates
_____	_____	_____

Duties

_____

VOLUNTEER SERVICE

Name of Program	Location	Dates
_____	_____	_____
Name of Program	Location	Dates
_____	_____	_____

Applicant Name: _____

Name of Program	Location	Dates

Name of Program	Location	Dates

OTHER SERVICE

Please check all of the following experiences you have had and provide additional details of each below (Name, Location & Dates):

_____Military
_____National Health Service Corps
_____U.S. Public Health Service
_____Peace Corps
_____Other (Specify): _____

Name of Program/Description	Location	Dates

Name of Program/Description	Location	Dates

Name of Program/Description	Location	Dates

Please list any experiences or training you have in such "non-biological" science fields (such as anthropology, economics, epidemiology, sociology, statistics, psychiatry, etc.):

Name of Program/Description	Location	Dates

Name of Program/Description	Location	Dates

Name of Program/Description	Location	Dates