

Wake Forest Baptist Medical Center Addiction Medicine Fellowship Application

Personal Information

Contact Information

First Name:

Middle Name

Last Name

Last 4 digits of SSN

Preferred Phone

E-mail

Address

Current Mailing Address

City, State, Postal Code

Country

Citizenship Information

Are you a US Citizen Yes No

If you are not a U.S. Citizen, list citizenship status

Military Information

Are you committed to fulfill a U.S. military active duty service obligation/deferment? Yes No

If yes, number of years remaining?

Branch

Biographical Information

Gender

Birth Place

Date of Birth

Education

Medical School (school, location, degree(s) and dates.

Residency (institution, location and dates

Self Identification

This section allows you to indicate how you self-identify. If you prefer not to self-identify, please ignore this section.

Choice 1

Choice 2

How do you identify yourself?

American Indian of Alaskan

Native Asian

Black or African American

Hispanic/Latino

Native American/Pacific

Islander White/Caucasian

Language Fluency

What languages do you speak?

Licensure

Please list your state medical license(s), license number and expiration

Additional Information

Has/was your medical education training extended or interrupted?

If yes, please explain

Has your medical license ever been suspended/revoked/voluntarily terminated?

If yes, please explain

Have you ever been named in a malpractice case?

If yes, please explain

Is there anything in your pasty history that could limit your ability to be licensed or would limit your ability to receive hospital privileges?

If yes, please explain

Have you ever been convicted of a misdemeanor in the United States?

If yes, please explain

Have you ever been convicted of a felony in the United States?

If yes, please explain

Are you Board Certified?

If yes, Board Name and Date Certified

I certify that the information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration of this position.

In addition to this application, please submit the following information to:

- **Current Curriculum Vitae**
- **Personal Statement**
- **Two to three letters of recommendation**

Contact Information:

**Jennifer Hinson
Fellowship Program Coordinator
jhinson@wakehealth.edu**