



**DEPARTMENT OF MEDICINE  
DIVISION OF INFECTIOUS DISEASES**

State University of New York at Stony Brook  
University Hospital and Medical Center  
Stony Brook, New York 11794-8153



***Graduate Medical Education  
Abbreviated Application***

I am applying for a position as a Fellow in the Division of Infectious Diseases beginning in the year \_\_\_\_\_.

**PERSONAL INFORMATION:**

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Present Day Phone ( ) \_\_\_\_\_ Night Phone ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**CITIZENSHIP STATUS** Check one:  U.S.  Other \_\_\_\_\_ (Name of country)

Permanent Resident Alien # \_\_\_\_\_  Temporary  Visa (J-1 only)

**EDUCATIONAL INFORMATION:**

USMLE Scores: Step 1- \_\_\_\_\_ Step 2- \_\_\_\_\_

	<i>Education</i>	<i>Institution</i>	<i>Dates</i>	<i>Degree</i>
<b>Residency</b>			to	
<b>Medical School</b>			to	
<b>Undergraduate</b>			to	

*Please enclose your CV and personal statement with this application, and arrange to have three (3) letters of recommendation sent to our Fellowship Coordinator.*

\_\_\_\_\_  
(Signature) (Date)