

**UNIVERSITY OF NEBRASKA MEDICAL CENTER  
HEALTH SECURITY FELLOWSHIP APPLICATION**

**GENERAL INFORMATION**

Name: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Email: \_\_\_\_\_

Gender:

Birth Date: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Citizenship: \_\_\_\_\_

US Citizen:     Yes    No                  Permanent resident:     Yes    No

If no, type of Visa \_\_\_\_\_

International Medical Graduate:                   Yes    No

ECFMG Certified:     Yes    No

If yes, include a copy of your ECFME Certificate

Present Mailing Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Military Service Obligation/Deferment:     Yes    No

Other Service Obligations:     Yes    No

Misdemeanor Convictions in the United States:     Yes    No

Felony Conviction in the United States:  Yes  No

Limitations  Yes  No

If yes, attach a written explanation stating the nature, resolution, and date of the case(s)

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**MEDICAL LICENSURE**

ACLS:  Yes  No Expiration Date: \_\_\_\_\_

PALS:  Yes  No Expiration Date: \_\_\_\_\_

DEA \_\_\_\_\_

Board Certification \_\_\_\_\_

Medical Licensure Suspended/Revoked/Voluntarily Terminated:  Yes  No

Ever Named in a Malpractice Suit  Yes  No

**EDUCATION INFORMATION**

Undergraduate Institution (Name and Location)	Dates Attended	Degree
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_____	_____ to _____	_____
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_____	_____ to _____	_____
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Medical School(s) (Name and Location)	Dates Attended	Degree
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_____	_____ to _____	_____
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_____	_____ to _____	_____
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Graduate Training (Name and Location)	Dates Attended	Degree
_____	_____ to _____	_____

_____	_____ to _____	_____
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Graduate Medical Education Training (Institution Name and Location) Residency	Dates in Training	Specialty
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_____	_____ to _____	_____
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Fellowship (if applicable) (Institution Name and Location)		
_____	_____ to _____	_____

**OTHER AWARDS/ACCOMPLISHMENTS**

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**REQUIRED DOCUMENTS**

The following documents need to be submitted with your application

CV

Personal Statement

Certificate of completion for your prior training or letter from your current program director indicating that you are in good standing and will graduate prior to the beginning of the fellowship