
**University of Nebraska Medical Center Addiction Medicine Fellowship
Application PERSONAL INFORMATION**

Last Name	First Name	Middle Initial	
Street	City	State	Zip
Phone #	e-mail address		
Country of Citizenship			

PROFESSIONAL EDUCATION

List the school's full name, complete address, dates of attendance, and date of graduation. Include degree completed.

Undergraduate College/University _____

Medical School _____

Residency _____

PROFESSIONAL TRAINING AND EXPERIENCE

Dates (From – To)	Name and <u>Complete Address</u> of Institution/Organization/Place	Training or Nature of Experience or Specialty
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MEDICAL LICENSURE

List all states in which you have been issued a license to practice medicine, or a controlled substance number.

State _____	License Number _____	Controlled Substance Number _____
State _____	License Number _____	Controlled Substance Number _____
State _____	License Number _____	Controlled Substance Number _____

If you have a federal DEA number: _____
 DEA Number State in which it is Currently Registered

A Nebraska medical license and federal DEA number are required for trainees of Graduate Medical Training.

Are you now, or have you ever been, under investigation, or is any disciplinary action pending against you, by a licensing board or authority in any state? Yes _____ No _____ If yes, attach explanation.

Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way? Yes _____ No _____ If yes, attach explanation.

Have you ever been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, but minor traffic violations need not be listed. Yes _____ No _____ If yes, attach explanation.

CURRENT EMPLOYER INFORMATION

Are you currently employed? Yes _____ No _____

Name of current Employer _____

Name of current Supervisor _____

Phone number of current Supervisor _____

Email address of current Supervisor _____

REFERENCES

Name _____ Title _____

Address _____ Phone _____

Name _____ Title _____

Address _____ Phone _____

Name _____ Title _____

Address _____ Phone _____

PERSONAL STATEMENT

Please include your personal statement on a single enclosed sheet and CV.
Please e-mail personal statement and CV to addictionmed@unmc.edu

AGREEMENT

I hereby apply for appointment to be a Fellow at the University of Nebraska Medical Center Affiliated Hospitals. I recognize my responsibility to ensure that this application is accurate and complete. I agree that any significant misrepresentation, misstatement, or omission from this application, intentional or not, may be the cause for rejection or denial of this application and release from my Fellow agreement.

Signature _____ Date _____

Please Print Name _____