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

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

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**PROFESSIONAL EDUCATION**

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

Undergraduate College/University \_\_\_\_\_

\_\_\_\_\_

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Medical School \_\_\_\_\_

\_\_\_\_\_

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Residency \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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.

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State	License Number	Controlled Substance Number
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State	License Number	Controlled Substance Number
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State	License Number	Controlled Substance Number
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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.

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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.

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## 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 \_\_\_\_\_

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## REFERENCES

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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### **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](mailto:addictionmed@unmc.edu)

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### **SCHEDULE**

Please include all of the days you will be taking off including weekends and holidays as well as any time away (conferences, boards, etc).

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### **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 \_\_\_\_\_