

photograph



# UCLA TRANSPLANT NEPHROLOGY FELLOWSHIP Application Form

**YEAR:** \_\_\_\_\_

Anticipated Starting Date in Program

Instructions: Please type or print clearly. Attach additional sheets if more space is needed.

## IDENTIFYING INFORMATION

Last Name First Name Initial Social Security Number

Birth Date Birth Place Citizenship Vista Status Date Entered U.S. Country of Residence

Home Address City State Zip Cell Telephone

Present Position Name of Institution

Institution Address City State Zip Office Telephone

Research Interest Email Address

## PREMEDICAL EDUCATION

College or University Degree

Address City State Zip Date of Graduation

College or University Degree

Address City State Zip Date of Graduation

## MEDICAL EDUCATION

Medical School Location Dates Attended Date of Graduation

## CERTIFICATIONS

ECFMG # FMGEMS Date of Exam FLEX Date of Exam

Specialty Board Date

Specialty Board Date

## POST MD TRAINING

|       |                |             |          |       |
|-------|----------------|-------------|----------|-------|
| PGY-1 | _____ to _____ | _____       | _____    | _____ |
|       | Year Year      | Institution | Location | Type  |
| PGY-2 | _____ to _____ | _____       | _____    | _____ |
|       | Year Year      | Institution | Location | Type  |
| PGY-3 | _____ to _____ | _____       | _____    | _____ |
|       | Year Year      | Institution | Location | Type  |
| PGY-4 | _____ to _____ | _____       | _____    | _____ |
|       | Year Year      | Institution | Location | Type  |
| PGY-5 | _____ to _____ | _____       | _____    | _____ |
|       | Year Year      | Institution | Location | Type  |
| Other | _____ to _____ | _____       | _____    | _____ |
|       | Year Year      | Institution | Location | Type  |

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**LICENSURE****CA**

State

License Number

Expiration Date

State

License Number

Dates of Licensure

State

License Number

Dates of Licensure

DEA Certificate Number

Expiration Date

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**WORK EXPERIENCE**

Please list relevant laboratory, research, or teaching assistant positions held. (You may include relevant voluntary experience)

**Position Title****Institution****Dates Employed**

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**PROFESSIONAL ORGANIZATIONS**

Please list memberships in professional organizations and societies.

**Name of Organization/Society****Membership Dates**

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**PUBLICATIONS**

Attach a sheet listing all publications, including abstracts, articles, monographs. You may attach a curriculum vitae and a personal statement regarding your interest in transplant nephrology and future plans, if you wish.

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**REFERENCES**

Please list the names and location of three references to whom you are going to send Confidential Reference Reports for completion. The first reference should be the program Director of your present or most recent clinical training program.

(1) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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**SIGNATURE****X** \_\_\_\_\_**APPLICANT**\_\_\_\_\_ **DATE**

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**COMPLETE YOUR APPLICATION**

By sending all application materials to: Fellowship Program Coordinator, UCLA Transplant Nephrology Fellowship Program, 700 Tiverton Avenue, 7-155 Factor Bldg., Los Angeles, CA 90095-1689; Direct any questions to: (310) 206-6741.

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**PERSONAL STATEMENT**

(Please explain in detail: 1) why you have chosen to go into Transplant Nephrology; 2) why you wish to obtain training in Transplant Nephrology & 3) your future goals relating to patient care and original research)

CONFIDENTIAL REFERENCE REPORT



UCLA TRANSPLANT NEPHROLOGY FELLOWSHIP

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**TO THE APPLICANT**

|  |                |
|--|----------------|
| This section to be completed <b>by the applicant</b> before presenting to the reference. |                |
| Applicant's Name:  | _____          |
| Applicant's Address:   | _____<br>_____ |
| Applicant's Telephone Number:  | _____          |

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**TO THE REFERENCE**

The above-named applicant has applied for appointment to the UCLA Nephrology Fellowship and has named you as one of several references. We ask your cooperation in responding promptly. All replies will be held in strict confidence. Please note that the completed form is NOT to be returned to the applicant, but to the address below.

Please indicate below the period of time you have known the applicant and in what capacity.

\_\_\_\_\_  
Period of Time Known

\_\_\_\_\_  
Capacity

**Please mail completed form to:**

Ruth Manley  
UCLA Transplant Nephrology Fellowship Program  
David Geffen School of Medicine at UCLA  
700 Tiverton Avenue, 7-155 Factor Bldg.  
Los Angeles, CA 90095-1689

Please contact Ruth Manley with any questions or concerns at (310) 206-6741.

**CONFIDENTIAL REFERENCE REPORT**

**SECTION I**

Please rate the applicant by circling the appropriate number which most nearly represents your opinion of the applicant in comparison with a REPRESENTATIVE group of individuals you have known who have had approximately the same training and experience.

| <b>Characteristic</b>                  | <b>Unable to Judge</b> | <b>Poor<br/>Lowest 25%</b> | <b>Fair<br/>26-75%</b> | <b>Excellent<br/>76-90%</b> | <b>Outstanding<br/>Highest<br/>100%</b> |
|--|------------------------|----------------------------|------------------------|-----------------------------|---|
| Overall preparation for the Fellowship | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Industry/Perseverance                  | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Motivation                             | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Initiative                             | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Ability to meet deadlines              | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Maturity                               | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Clinical Ability                       | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Interpersonal facility with peers      | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Interpersonal facility with patients   | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Demonstrated skill at research         | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Potential skill at research            | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Integrity                              | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Judgement/critical sense               | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Intellectual ability                   | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Demonstrated originality               | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Potential originality                  | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Leadership capacity                    | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Demonstrated productivity              | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Potential productivity                 | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Ability to communicate (written)       | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Ability to communicate (spoken)        | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Commitment to Nephrology               | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Commitment to Academic Medicine        | 0                      | 1                          | 2                      | 3                           | 4                                       |
| Overall Evaluation                     | 0                      | 1                          | 2                      | 3                           | 4                                       |

**CONFIDENTIAL REFERENCE REPORT**

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**SECTION II**

Please elaborate on the applicant's performance on the basis of which you arrived at your assessment in Section I. If possible, please cite from specific illustration of the applicant's performance. You may attach a letter if you wish.

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**SIGNATURE**

X \_\_\_\_\_  
**SIGNATURE OF REFERENCE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME OF REFERENCE**

\_\_\_\_\_  
**TITLE OF REFERENCE**

\_\_\_\_\_  
**INSTITUTION**

\_\_\_\_\_  
**TELEPHONE NUMBER**