



MARGARET M. & ALBERT B. ALKEK
 DEPARTMENT OF
MEDICINE
 GASTROENTEROLOGY
 & HEPATOLOGY

**Application for Fellowship
 Transplant Hepatology
 Baylor College of Medicine**

The Transplant Hepatology Fellowship at Baylor College of Medicine is accredited by the Accreditation Council of Graduate Medical Education (ACGME) and overseen by the Baylor College of Medicine's Office of Graduate Medical Education.

Applicant: _____
 Type or Print Name and Degree _____ Date _____

Address: _____

Email: _____ **Cell:** _____

US Citizen: Yes _____ No _____ If not, type of VISA held and inclusive date: _____

Will a new VISA be required for you to complete our fellowship? Yes _____ No _____

Our fellowship runs from July 1 through June 30. Will these dates work for you? Yes _____ No _____

If no, please tell us why? _____

Undergraduate: _____ **Degree(s):** _____

Medical School: _____ **Degree(s):** _____

Other Postgraduate Education: _____

Residency: _____ **Date of Completion:** _____

Fellowship: _____ **Date of Completion:** _____

Honors: _____

Please provide the names and both mailing and email addresses of three professional references. We will send them a short questionnaire.

Print Name and Degree	Title	Address	E-mail

Print Name and Degree	Title	Address	E-mail

Print Name and Degree	Title	Address	E-mail

I have reviewed the criteria for an unrestricted Texas Medical License (<http://www.tmb.state.tx.us/>) and certify that I ___ do ___ do not meet the requirements.

 Signature _____ Date _____

- Please return:
- 1) Completed Hepatology and Liver Transplantation Fellowship Application
 - 2) Copy of your Curriculum Vitae by e-mail to the attention of Michelle Stevenson at stevensobcm@bcm.edu
 - 3) Summary of your goals for training in transplant hepatology and the career you want to pursue.