# MEDICAL MICROBIOLOGY FELLOWSHIP APPLICATION
## University of Utah / Academic Year 20___ – 20___

**Personal Information**

Full Name *(Please type or print)*

Present Address

City State Zip Country

Telephone Cell/Mobile *(optional)*

Email Address

Citizenship Visa Status *(if applicable)*

Permanent Address *(Include name of person through whom you can always be contacted.)*

City State Zip Country

**Professional Information**

- Attach current curriculum vitae, including education, degree(s), internships, residencies, etc.
- Foreign medical graduates must submit a copy of their valid ECFMG certificate.
- Please provide three (3) letters of recommendation.
- Please provide copies of board scores for USMLE step 1, 2, and 3. (ABP applicants only)

Medical License State Number

- Please provide the names and contact information for three (3) references.

1) _____

2) _____

3) _____

**Personal Statement**

What are your goals/objectives for the fellowship training program?

What professional plans do you have following training in Medical Microbiology? Attach one (1) additional page, if necessary.

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- Position for which you are applying (check only one): ☐ ABP ☐ ABMM
- Are you available to travel for an interview, if requested? ☐ Yes ☐ No

_____ _____

Signature Date

*Mail completed application and requested attachments to:*

Karen Nelson, Fellowship Coordinator
ARUP Laboratories
500 Chipeta Way, Salt Lake City, UT 84108

Phone: (801) 583-2787, ext. 3592

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