

Personal Statement

Please include your **curriculum vitae** and an **autobiographical sketch**, including your **personal interests, activities** and **family**. References should be made to previous work experiences, as well as professional interests and achievements. Reasons for desiring the fellowship, as well as future plans upon completion of the fellowship should be specifically addressed. Please also explain any affirmative answers listed below and any interruptions in your medical education.

Have you ever:		Yes	No
been convicted of a felony?		<input type="checkbox"/>	<input type="checkbox"/>
had your medical license suspended or revoked?		<input type="checkbox"/>	<input type="checkbox"/>
had a malpractice judgement against you?		<input type="checkbox"/>	<input type="checkbox"/>
been suspended or had privileges limited?		<input type="checkbox"/>	<input type="checkbox"/>

References *Please supply letters of reference, including your program director and one faculty member in your area of interest.*

1. _____
Name/Title

Institution

Address

2. _____
Name/Title

Institution

Address

3. _____
Name/Title

Institution

Address

4. _____
Name/Title

Institution

Address

Release of Information

I am applying to your Family Practice Residency Fellowship Program, available to begin on _____, _____, _____. I understand that, in the event my application is accepted for appointment as a fellow, I authorize an investigation of all statements contained in this application and my curriculum vitae and do hereby release any and all persons, companies, or agencies responding to such investigations from any liability, for any damage due to releasing information pertaining hereto. I further understand that misrepresentation of facts asked for on this application is cause for rejection of this application or for subsequent dismissal from appointment as fellow, no matter when discovered. If I am employed, I agree to comply with and be bound to all rules and regulations of Florida Hospital and the Family Practice Residency Fellowship Program.

Signature of Applicant

Date

Checklist

- | | |
|---|--|
| <input type="checkbox"/> Application completed | <input type="checkbox"/> Curriculum vitae |
| <input type="checkbox"/> Recent photograph attached | <input type="checkbox"/> Autobiographical sketch |
| <input type="checkbox"/> Official Medical school transcripts requested | <input type="checkbox"/> Copy of Intraining Examination Scores |
| <input type="checkbox"/> 3 Letters of recommendation requested | <input type="checkbox"/> Notarized copy of medical school diploma |
| <input type="checkbox"/> ECFMG certificate (if applicable) | <input type="checkbox"/> Copy of medical license |