

UW Medicine
DEPARTMENT OF MEDICINE



**University of Washington Global and Rural Health Fellowship
Application Form**

Dear Applicant:

Thank you for your interest in the University of Washington Global and Rural Health Fellowship Program. We are delighted that you are interested in our program and look forward to reviewing your application. The application process consists of four components: background information, a personal statement, 3 letters of recommendation, and your CV.

The application cycle will be open through October 31st prior to the following academic year. We will hold interviews in November and December of the application year. Applicants will be notified of their acceptance by December 1st.

Please submit all application materials in PDF or Microsoft Word documents. Letters of Recommendation as well as application materials can be emailed directly to Francis Montes Vázquez: fmontes@uw.edu. We will notify you when we receive your application and letters of recommendations.

If you have any questions, please visit our website or contact Jason Beste at bestej@uw.edu.

Sincerely,

Dr. Jason Beste, MD, MPH
Director, University of Washington Global and Rural Health Fellowship

Applicant Information

Last Name	First Name	Suffix (MD, DO, etc)
Name of Internal Medicine Residency Program Attended	Graduation Date of Internal Medicine Residency	Date of Birth
Current Employment (Name of Hospital/Organization) and Job Description		

Contact Information

Street Address			
City	State	Zip	Country
Email Address	Phone Number	Fax Number	

License and Certification

Internal Medicine Board Certification Status	
Board Certified in Internal Medicine? YES [] If yes, specify board pass date: ____/____/_____	
NO []	
If no, what date do you plan on taking the boards?	Board Date: ____/____/_____
Active Medical Licenses	
State	Valid Dates
License Number	

Education Commission for Foreign Medical Graduates Certification		
Are you certified by the ECFMG? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] Not applicable [<input type="checkbox"/>]		
If yes, what is your ECFMG Number:		

II. Personal Statement

Please submit a 500 word personal statement explaining why you are interested in this program, how this program will help you with your career development, and your future career plans.

III. Letters of Recommendation

Please submit 3 letters of recommendations. Letters should be from physicians and one of the letters can be from your program director. Letters can be emailed directly to Francis Montes Vázquez: fmontes@uw.edu.

IV. Curriculum Vitae

Please attach a copy of your current CV.

*Please note, all application materials are needed for your application to be reviewed. Once all your application materials are received, we will notify you by email.