



# APPLICATION

**POSTDOCTORAL FELLOWSHIP**  
**DIVISION OF MATERNAL-FETAL MEDICINE**  
**DEPARTMENT OF OBSTETRICS & GYNECOLOGY**  
**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER, JACKSON**

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 recent  
 (within past year)  
 signed  
 2x2 photograph  
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Proposed Date to Begin Fellowship: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Suffix

Address: \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Country

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

# Dependents: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

	School / Hospital Name	Location	Dates	Type
Medical School				
Internship				
Residency				
Postdoctoral				

Licensure: State \_\_\_\_\_ # \_\_\_\_\_ Degrees: \_\_\_\_\_  
 State \_\_\_\_\_ # \_\_\_\_\_  
 State \_\_\_\_\_ # \_\_\_\_\_

Do you have American Board Certification?  No  Yes, \_\_\_\_\_  
Date received Type

Membership in societies or organizations:  No  Yes, \_\_\_\_\_

FOREIGN MEDICAL GRADUATES: Do you possess: ECFMG number?  No  Yes, # \_\_\_\_\_  
 Flex number?  No  Yes, # \_\_\_\_\_

If you are presently in the United States, what type of visa do you possess?  
 \_\_\_\_\_ # \_\_\_\_\_

When did you enter the United States? (MM/YYYY) \_\_\_\_\_

- ALL APPLICANTS MUST PROVIDE:
1. current curriculum vitae;
  2. photocopies of licensure certificates, ECFMG, Flex certificate and other pertinent documents;
  3. two letters of recommendation from professional colleagues; and
  4. notarized translation of medical records and diploma if foreign graduate.

NOTE: Mississippi license is required no later than September 1st of first year of fellowship.

Name: \_\_\_\_\_

What has been important in your decision to undertake a maternal-fetal medicine fellowship?

Who has been influential with regard to your career in ob/gyn and your decision to pursue a career in maternal-fetal medicine?

List clinical or basic research areas of interest that you hope to pursue during your fellowship.

What factors led you to consider Mississippi as a place to undertake a maternal-fetal medicine fellowship?

As completely as possible, describe where and what you see yourself doing in maternal-fetal medicine ten years from now (mode of practice, geographic preference, focus of interest and activity).

Name: \_\_\_\_\_

## GENERAL PERSONAL STATEMENT

(Tell us about yourself as a person and build a case for your consideration as a potential fellow in the maternal-fetal fellowship program at the University of Mississippi Medical Center, Jackson).