

Fellowship and/or Subspecialty Residency
Application in Nephrology
Medical University of South Carolina
Department of Internal Medicine

Medical University of South Carolina Hospital

Please complete all sections. Incomplete applications and those without supporting documents will not be considered further.

Date of Application: _____ Anticipated Fellowship Starting Date: _____

Applicant Name: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____

U. S. Citizen or Permanent Resident Yes No If not U.S. citizen, please complete the following:

• Permanent Resident Certificate# _____

• Visa Status and Expiration

Date: J-1 Expiration Date _____ H-1 Expiration Date: _____

Current Appointment _____

Current Institution/Hospital _____

Address _____

Telephone (____) _____ Ext. _____ Pager # _____

Current Home Address _____

Telephone (____) _____

Certification and Licensure:

State Medical Licenses: provide state(s), date(s) and license number(s):

When will your current housestaff clinical training be completed? Date: _____

Upon completing of training, will you be ABIM board eligible/certified? _____

If you are an International Medical graduate, please provide a copy of the E.C. F. M.G. certificate

E.C.F.M.G. certificate # _____

Applicant's Name: _____

Please list, in chronological order:

<u>Undergraduate</u>	<u>Institution(s)</u>	<u>City and State</u>	<u>Dates of Attendance</u>
_____			19____ to 19____
_____			19____ to 19____

Undergraduate Major(s) and Degree Granted

Awards/Honors Received

<u>Postgraduate Training and Specialty</u>	<u>Institution(s)</u>	<u>City and State</u>	<u>Dates of Attendance</u>
_____			19____ to 19____
_____			19____ to 19____

Program Director _____

<u>Fellowship Training and Specialty</u>	<u>Institution(s)</u>	<u>City and State</u>	<u>Dates of Attendance</u>
_____			19____ to 19____
_____			19____ to 19____

Program Director _____

Other positions held or services provided; please describe: _____

References:

The Medical University of South Carolina Nephrology Fellowship requires that applicant supply three reference reports on the official reference forms enclosed with the application packet. Please list the names and address of the three referees who will be providing your reference report and supporting documents. The references must be provided by those who have worked with you and are aware of your skills as a physician.

Name of Evaluating Faculty Member _____

Institution and/or Residency Program _____

Position or Title _____

Address _____

Telephone (_____) _____

Fax (_____) _____

Name of Evaluating Faculty Member _____

Institution and/or Residency Program _____

Position or Title _____

Address _____

Telephone (_____) _____

Fax (_____) _____

Name of Evaluating Faculty Member _____

Institution and/or Residency Program _____

Position or Title _____

Address _____

Telephone (_____) _____

Fax (_____) _____

Completed reference reports should be mailed directly to Dr. Ruth C. Campbell, Medical University of South Carolina, Department of Medicine, Nephrology Fellowship Training Program Director, 96 Jonathan Lucas Street, CSB 825, MSC 629, Charleston, SC 29425-6290. Applications will not be considered complete until all of the reference reports have been received.

Please attach a recent photograph.

Name: _____

Signature: _____

Date: _____

Send the completed application and all supporting documents/hardcopy to:

**Ruth C. Campbell, M.D., MSPH
ATTN: Tammy E. Hill
Medical University of South Carolina
Nephrology Fellowship Training Program Director
96 Jonathan Lucas Street, Suite 829
MSC 629
Charleston, SC 29425-6290**

Nephrology Fellowship

Reference Report and Recommendation Form

To the Applicant:

Please complete this section of the reference report form prior to giving it to the person(s) selected to provide a reference report.

Applicant Name (print or type) _____

Current Institution/Hospital _____

Address _____

Telephone (____) _____ Ext. _____ Pager _____

To The Faculty Member/Referee:

The above applicant for a Nephrology fellowship training position at the Medical University of South Carolina has named you as one of three references. We are attempting to evaluate prospective renal fellowship applicants in an objective manner. The general categories to be assessed are included on the second page. We also ask that you write a sort but candid and informative narrative to give us your overall impression of this candidate for Nephrology fellowship, and request your cooperation as soon as possible. Thank you in advance for your efforts on the behalf of the candidate and our selection committee.

Sincerely yours,

Ruth C. Campbell, M.D., MSPH
Nephrology Fellowship Program Director

Name of Evaluating Faculty Member _____

Institution and/or Residency Program _____

Position or Title _____

Address _____

Telephone (____) _____ Fax (____) _____

Signature _____

Date _____

REFERENCE REPORT AND RECOMMENDATION FORM CONTINUED

◆ Identify your major interaction(s) with the fellowship applicant:

_____ Attending during ward or consult rotation

_____ Residency Program Director

_____ Department or Division Chairperson

_____ Research Advisor

_____ Other; please describe

◆ On how many occasions (hours) have you had the opportunity to directly observe the clinical skills and/or data gathering ability of the applicant? Circle the appropriate response:

Frequently

Moderate

Minimal

Not at all

≥ 20-30 hrs

15-20 hrs

5-10 hrs

0

◆ Using residents and fellows you have worked with as the reference group, please rank the applicant using the following criteria: ✓ the appropriate response

	Top 10%	Top 20-30%	Top 50%	Lower 50%	Cannot comment
1. Clinical knowledge					
2. Basic science knowledge					
3. Scholarly approach to medicine					
4. Motivation and initiative					
5. Reliability and responsibility					
6. Ethical behavior					
7. Interpersonal interactions with patients and colleagues					
8. Skills in written communication					
9. Suitability for a fellowship at your institution or University					
10. Rank among all residents you have encountered					

Medical University of South Carolina
Nephrology Fellowship

Reference Report and Recommendation Form

To the Applicant:

Please complete this section of the reference report form prior to giving it to the person(s) selected to provide a reference report.

Applicant Name (print or type) _____

Current Institution/Hospital _____

Address _____

Telephone (____) _____ Ext. _____ Pager _____

To The Faculty Member/Referee:

The above applicant for a Nephrology fellowship training position at the Medical University of South Carolina has named you as one of three references. We are attempting to evaluate prospective renal fellowship applicants in an objective manner. The general categories to be assessed are included on the second page. We also ask that you write a sort but candid and informative narrative to give us your overall impression of this candidate for Nephrology fellowship, and request your cooperation as soon as possible. Thank you in advance for your efforts on the behalf of the candidate and our selection committee.

Sincerely yours,

Ruth C. Campbell, M.D., MSPH
Nephrology Fellowship Program Director

Name of Evaluating Faculty Member _____

Institution and/or Residency Program _____

Position or Title _____

Address _____

Telephone (____) _____ Fax (____) _____

Signature _____

Date _____

Medical University of South Carolina
Nephrology Fellowship

Reference Report and Recommendation Form

To the Applicant:

Please complete this section of the reference report form prior to giving it to the person(s) selected to provide a reference report.

Applicant Name (print or type) _____

Current Institution/Hospital _____

Address _____

Telephone (____) _____ Ext. _____ Pager _____

To The Faculty Member/Referee:

The above applicant for a Nephrology fellowship training position at the Medical University of South Carolina has named you as one of three references. We are attempting to evaluate prospective renal fellowship applicants in an objective manner. The general categories to be assessed are included on the second page. We also ask that you write a sort but candid and informative narrative to give us your overall impression of this candidate for Nephrology fellowship, and request your cooperation as soon as possible. Thank you in advance for your efforts on the behalf of the candidate and our selection committee.

Sincerely yours,

Ruth C. Campbell, M.D., MSPH
Nephrology Fellowship Program Director

Name of Evaluating Faculty Member _____

Institution and/or Residency Program _____

Position or Title _____

Address _____

Telephone (____) _____ Fax (____) _____

Signature _____

Date _____

REFERENCE REPORT AND RECOMMENDATION FORM CONTINUED

◆ Identify your major interaction(s) with the fellowship applicant:

_____ Attending during ward or consult rotation

_____ Residency Program Director

_____ Department or Division Chairperson

_____ Research Advisor

_____ Other; please describe

◆ On how many occasions (hours) have you had the opportunity to directly observe the clinical skills and/or data gathering ability of the applicant? Circle the appropriate response:

Frequently

Moderate

Minimal

Not at all

≥ 20-30 hrs

15-20 hrs

5-10 hrs

0

◆ Using residents and fellows you have worked with as the reference group, please rank the applicant using the following criteria: ✓ the appropriate response

	Top 10%	Top 20-30%	Top 50%	Lower 50%	Cannot comment
1. Clinical knowledge					
2. Basic science knowledge					
3. Scholarly approach to medicine					
4. Motivation and initiative					
5. Reliability and responsibility					
6. Ethical behavior					
7. Interpersonal interactions with patients and colleagues					
8. Skills in written communication					
9. Suitability for a fellowship at your institution or University					
10. Rank among all residents you have encountered					

REFERENCE REPORT AND RECOMMENDATION FORM CONTINUED

◆ Identify your major interaction(s) with the fellowship applicant:

_____ Attending during ward or consult rotation

_____ Residency Program Director

_____ Department or Division Chairperson

_____ Research Advisor

_____ Other; please describe

◆ On how many occasions (hours) have you had the opportunity to directly observe the clinical skills and/or data gathering ability of the applicant? Circle the appropriate response:

Frequently

Moderate

Minimal

Not at all

≥ 20-30 hrs

15-20 hrs

5-10 hrs

0

◆ Using residents and fellows you have worked with as the reference group, please rank the applicant using the following criteria: ✓ the appropriate response

	Top 10%	Top 20-30%	Top 50%	Lower 50%	Cannot comment
1. Clinical knowledge					
2. Basic science knowledge					
3. Scholarly approach to medicine					
4. Motivation and initiative					
5. Reliability and responsibility					
6. Ethical behavior					
7. Interpersonal interactions with patients and colleagues					
8. Skills in written communication					
9. Suitability for a fellowship at your institution or University					
10. Rank among all residents you have encountered					