Fellowship and/or Subspecialty Residency
Application in Transplant 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 (Work) (___) _______________ Ext. ___________ Pager # _____________

Current Home Address ____

____

Telephone (Home) (___) _______________ **Telephone (Cell)** (___) _______________

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:

Undergraduate	Institution(s)	City and State	Dates of Attendance
			19_____ to 19_____
			19_____ to 19_____

Undergraduate Major(s) and Degree Granted

____

Awards/Honors Received

____

Postgraduate Training and Specialty	Institution(s)	City and State	Dates of Attendance
			19_____ to 19_____
			19_____ to 19_____

Program Director ____

Fellowship Training and Specialty	Institution(s)	City and State	Dates of Attendance
			19_____ to 19_____
			19_____ to 19_____

Program Director ____

Other positions held or services provided; please describe: ________________________________

____

____

Applicant's Name: ____

Career Interests/Goals, Research Experience, Publications, and Presentations

1. In the space provided below, please describe the reason(s) for your interest in Transplant Nephrology and what you would like to be doing in three to five years.

2. Describe any interest or previous training/experience in basic biomedical research, clinical research, or health services research. Additionally, list any publications or formal presentations (include intramural, local, regional or national presentations). Use an additional page if necessary.

Applicant's Name: ____

References:

The Medical University of South Carolina Transplant 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. M. Francesca Egidi, Medical University of South Carolina, Department of Medicine, Director, AST Accredited Kidney Transplantation Fellowship, 96 Jonathan Lucas Street, CSB 829, 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:

M. Francesca Egidi, M.D.
ATTN: Tammy E. Hill
Medical University of South Carolina
Transplant Nephrology Fellowship Program
96 Jonathan Lucas Street, Suite 829
MSC 629
Charleston, SC 29425-6290

Medical University of South Carolina
Transplant 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 Transplant Nephrology fellowship training position at the Medical University of South Carolina has named you as one of three references. We are at 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 Transplant 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,

M. FRANCESCA EGIDI, MD
Director, AST Accredited Kidney Transplantation Fellowship

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
$\geq$ 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
Transplant 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 Transplant Nephrology fellowship training position at the Medical University of South Carolina has named you as one of three references. We are at 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 Transplant 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,

M. FRANCESCA EGIDI, MD
Director, AST Accredited Kidney Transplantation Fellowship

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
Transplant 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 Transplant Nephrology fellowship training position at the Medical University of South Carolina has named you as one of three references. We are at 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 Transplant 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,

M. FRANCESCA EGIDI, MD
Director, AST Accredited Kidney Transplantation Fellowship

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:

<u>Frequently</u>	<u>Moderate</u>	<u>Minimal</u>	<u>Not at all</u>
$\geq$ 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					