



## **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 January 13, 2023.

Please submit all application materials in PDF or Microsoft Word documents. Letters of Recommendation as well as application materials can be emailed directly to Meryl Yang at [meryly@uw.edu](mailto:meryly@uw.edu). We will notify you when we receive your application and letters of recommendations.

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If you have any questions, please visit our website or contact Laura Romceovich at [romcevic@uw.edu](mailto:romcevic@uw.edu).

Sincerely,

Dr. Laura Romceovich, MD, MS  
Director, University of Washington Global and Rural Health Fellowship

## **Applicant Information**

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

## **Contact Information**

<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>
<b>Email Address</b>	<b>Phone Number</b>		<b>Fax Number</b>

## **License and Certification**

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

<b>Education Commission for Foreign Medical Graduates Certification</b>		
Are you certified by the ECFMG? <b>YES</b> [    ] <b>NO</b> [    ] <b>Not applicable</b> [    ]		
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 Meryl Yang at [meryly@uw.edu](mailto:meryly@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.