

# UNSON GERIATRICS FELLOWSHIP

RENO CAMPUS – (775) 7867200 x2344  
1000 Locust St, MS 18 – Reno, NV 89502

[Diane.Chau@va.gov](mailto:Diane.Chau@va.gov)

Diane Chau MD, Program Director

Please  
Attach Recent  
Photograph  
(2" X 2")

## APPLICATION FOR ADVANCED TRAINING IN GERIATRICS

Name: Last/First/Middle \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Work Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Medical School** – Please submit official transcripts. Does not need to accompany application. Can be sent in separate mailing. If training not completed in 4 years, please explain in < 100 words in memo attached to CV.

Institution	Degree	Address	Dates

### Postgraduate Education

Institution	Program	Address	Dates

Board Certification Specialty/Date: \_\_\_\_\_  
(If Board eligible, certifying exam date)

USMLE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_, list percentiles, request copies to be sent from USMLE directly. **Have you completed USMLE steps 1, 2, & 3 with in 7 year period and no more than 9 attempts? Yes or No**

### Medical Licensure

State	License #	Expiration Date	Dates

DEA # \_\_\_\_\_

**Citizenship: US or Non US (please circle), if Non-US list Country** \_\_\_\_\_

Do you have a US entry visa? If yes, Visa status: J1 or H1, VISA number

\_\_\_\_\_ ;

Are you a Permanent Resident? If yes \_\_\_\_\_, date

If English is not your native language, please present documentation (in addition to the language examination of the ECFMG) that your knowledge of the English language is sufficient to function as a fellow in the US.

The most desirable document is a certificate by TOEFL, Box 899, Princeton, NJ 08540.

If Foreign Medical Graduate: ECFMG certification is mandatory for those who intend to do clinical work. Please list ECFMG number, date, & score% \_\_\_\_\_

To be completed by **ALL APPLICANTS**:

Do you have specific interests in relocating to Reno, NV? If yes: \_\_\_\_\_

Do you have any health, emotional, or social problems which might interfere with your ability to function effectively during your fellowship? If Yes: \_\_\_\_\_

Do you have research experience? If yes, attach CV with publication and details.

Do you have other training experiences not asked here? If yes, attach CV with details

Do you have honors and awards? If yes, attach CV with details

Do you have a prior misdemeanor, felony, or other criminal record (excluding traffic violations)? If yes, send in memo attached to CV with details, no word limit

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### **Program Director**

Please supply a letter of support from the program director of your Residency Training. Please list the contact information below.

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Institution Telephone

\_\_\_\_\_  
Address City/State/Zip

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### **Additional References**

Please supply two letters of recommendation from two references, preferably from supervising physicians, who can attest to your clinical competence and professional ethics. Please list the references below.

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Institution Telephone

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Institution Telephone

\_\_\_\_\_  
Address City/State/Zip

**Career Objective:** How would this fellowship fit with your plans?

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**Release of Information**

I am applying to your Geriatrics Fellowship Program with starting date: \_\_\_\_\_. I understand that, in the event my application is accepted for appointment as a fellow, I authorize an investigation of all statements contained in this application and my curriculum vitae and do hereby release any and all persons, companies, or agencies responding to such investigations from any liability and for any damage due to releasing information pertaining hereto. I further understand that misrepresentation of facts asked for on this application is cause for rejection of this application or for subsequent dismissal from appointment as fellow, no matter when discovered. If I am employed, I agree to comply with and be bound to all rules and regulations of University of Nevada School of Medicine, its affiliated hospitals, and the Geriatrics Fellowship Program. I have received the notification of resident eligibility & selection and I meet all aspects of this eligibility.

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Signature of Applicant

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Date

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**Checklist**

Does not need to be sent with application and can be sent in separate mailing. Applications are considered on a rolling basis. Supporting documents can be sent at later date when available, however acceptance letters are conditional upon receipt of all supporting documents.

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| <input type="checkbox"/> Application Completed                   | <input type="checkbox"/> Letters of Recommendation (2)         |
| <input type="checkbox"/> Photo                                   | <input type="checkbox"/> Letter from Program Director          |
| <input type="checkbox"/> CV <input type="checkbox"/> attachments | <input type="checkbox"/> <i>Residency Graduate Certificate</i> |
| <input type="checkbox"/> Medical School Diploma / Transcripts    | <input type="checkbox"/> <i>ABIM Certificate</i>               |