



**RHEUMATOLOGY DIVISION, DEPARTMENT OF MEDICINE  
UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE  
*Hospital of the University of Pennsylvania***

**INSTRUCTIONS: THIS APPLICATION SHOULD BE TYPEWRITTEN OR PRINTED IN INK**

Application for Fellowship to begin: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Month/Year)

Additional Interest:  Geriatrics  Allergy/Immunology  Clinical Epidemiology  Other

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

Present Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager No. (if available): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(If different from above) Street City State Zip

**EDUCATION**

College	City	State or Country	Degree and Graduate Date
Medical School	City	State or Country	Degree and Graduate Date
Graduate Studies	City	State or Country	Degree and Graduate Date

Academic Honors and Honorary Societies: \_\_\_\_\_

**POSTGRADUATE MEDICAL TRAINING**

Internship: \_\_\_\_\_  
(type and hospital) City State/Country

Residency: \_\_\_\_\_  
(type and hospital) City State/Country

Fellowship: \_\_\_\_\_  
(type and hospital) City State/Country

Other: \_\_\_\_\_

Research Experience (attach bibliography): \_\_\_\_\_

\_\_\_\_\_

Work Experience: \_\_\_\_\_

\_\_\_\_\_

Career Objectives:     Basic Science                       Academic Clinician     Clinical Epidemiology  
 Private Practice     Other: \_\_\_\_\_

List the names of three (3) individuals whom you requested to send letters of references (preferably one from the program director):

1.	_____	_____	_____
	Name	Title	Address
2.	_____	_____	_____
	Name	Title	Address
3.	_____	_____	_____
	Name	Title	Address

Military or equivalent service (dates): \_\_\_\_\_

\_\_\_\_\_

Submit application and 3 supporting letters to:                      Sharon L. Kolasinski, MD  
Director, Fellowship Training Program  
c/o: Jeane Young-Ferguson  
University of Pennsylvania  
Dept. of Medicine – Rheumatology  
3600 Spruce Street – 5 Maloney Bldg.  
Philadelphia, PA 19104-4283

***You must be licensed in Pennsylvania by the Pennsylvania State Board of Medical Examiners before assuming clinical duties, or you must be licensed in another state and qualify to obtain permission from the Pennsylvania State Board for participation in fellowship training. These arrangements need not be made in advance of appointment.***

The University of Pennsylvania values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University of Pennsylvania does not discriminate on the basis of race, sex, sexual orientation, religion, color, national or ethnic origin, age, disability, or status as a Vietnam Era Veteran or disabled veteran in the administration of educational policies, programs or activities; admissions policies; scholarship and loan awards; athletic, or other University administered programs or employment. Questions or complaints regarding this policy should be directed to Anita Jenious, Executive Director, Office of Affirmative Action, 1133 Blockley Hall, Philadelphia, PA 19104-6021 or (215) 898-6993 (Voice) or (215) 898-7803 (TDD).

## OPTIONAL QUESTIONNAIRE

**This information is confidential and completely voluntary. Answering the questions or the omission of an answer will not influence the Hospital's decision on admission. Information provided on this page will not be made available to individuals making admissions decisions while the admission process is ongoing.**

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Citizenship

\_\_\_\_\_  
Visa Status

Attach photograph below

