



# Penn Medicine

Department of Psychiatry  
FORENSIC PSYCHIATRY FELLOWSHIP

**PHOTO**  
A RECENT PHOTOGRAPH  
(BLACK & WHITE PASSPORT SIZE)  
IS ACCEPTABLE

## Personal Information

**Full Name:** \_\_\_\_\_  
*Last* *First* *M.I.*

**Current Address:** \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

**Home Phone:** ( ) \_\_\_\_\_ **Alternate Phone:** ( ) \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

**E-mail Address:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street Address* *Phone #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

## Education

Degree (B.A., M.D., etc)	University/College	Month/Year of Graduation

## Residency or Clinical Experience

Residency/Position	Hospital	City	Year

**Board Certification:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ Discipline: \_\_\_\_\_ Prite Exam Score: \_\_\_\_\_

**USMLE Scores:** Step 1: \_\_\_\_\_ Step 2: \_\_\_\_\_ Step 3: \_\_\_\_\_

**Additional Information**

Have you ever been denied a medical license or lost your license?

Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever resigned or been removed from a prior residency or fellowship program?

Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been disciplined?

Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been disciplined or dismissed from an appointment to medical school or residency or a professional employment?

Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever had medical licenses limited, restricted, suspended, revoked, denied, or have you been placed on probation or conditions?

Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

Do you have any pending or previous professional misconducts?

Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony in any jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

If you are **not** a United States citizen, and/or if you graduated from a foreign medical school, please complete the following:

**Type of Visa:** \_\_\_\_\_

**Do you intend to apply for U.S. Citizenship?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

**ECFMG Certificate Number:**

Please attach a copy of the certificate. \_\_\_\_\_

*I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that my providing any false, missing, or misleading information may disqualify me for consideration for the Fellowship position.*

**Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

## **Attachments**

With the application, please attach the following information:

1. A copy of your curriculum vitae.
2. A personal statement about why you wish to participate in this Fellowship (one to two pages).
3. Two writing samples: writing samples may include forensic reports, authored articles, or patient evaluations/discharge summaries.
4. Two current letters of recommendation
5. Summative Evaluation from your Residency Training Director
6. Dean's Letter and Medical School Transcripts
7. USMLE Scores (Steps 1, 2, & 3)

### **Please submit application to:**

Forensic Psychiatry Fellowship c/o Linda Ramos  
Perelman School of Medicine at the University of Pennsylvania  
3535 Market Street – 2<sup>nd</sup> Floor, Suite 200  
Philadelphia, PA 19104  
215-746-7248 (office)  
215-746-7203 (fax)

All application documents may be forwarded electronically to [lindara@penntmedicine.upenn.edu](mailto:lindara@penntmedicine.upenn.edu). Letters of Recommendation must be forwarded by faculty or their assistant's email to [lindara@penntmedicine.upenn.edu](mailto:lindara@penntmedicine.upenn.edu).