

**West Virginia
University Hospitals,
Inc.**



West Virginia University

Photo

**FORENSIC PSYCHIATRY
FELLOWSHIP APPLICATION**

Date available to start fellowship: _____

PERSONAL DATA

Name:

email:

Last First Middle

_____/_____/_____
Social Security Number Date of Birth Place of Birth Citizenship

_____/_____
Present Address Street City State Zip Telephone

_____/_____
Work Address Street City State Zip Telephone

_____/_____
Permanent Address Street City State Zip Telephone

EDUCATION

_____/_____
Residency Program/University or Hospital Exact Dates

_____/_____
Internship/University or Hospital (if different than residency) Exact Dates

_____/_____
Medical School Dates Attended

_____/_____/_____
Graduate School Degree Dates Attended

Last Name _____

_____/_____/_____

Undergraduate Major Degree Dates Attended

_____/_____/_____

Other Training Major/Focus Degree Dates Attended

_____/_____/_____

Other Training Major/Focus Degree Dates Attended

_____/_____/_____

Other Training Major/Focus Degree Dates Attended

EXAMINATION SCORES

USLME/COMLEX Scores Part I _____ Date _____ # of Attempts _____

Part II _____ Date _____ # of Attempts _____

Part III _____ Date _____ # of Attempts _____

ECFMG Part I _____ Date _____ # of Attempts _____

Part II _____ Date _____ # of Attempts _____

Part III _____ Date _____ # of Attempts _____

LICENSURE/CERTIFICATION

_____/_____/_____
State Licensure and Number State Licensure and Number State Licensure and Number

ABPN Board Certification Psychiatry) Pass Date _____ or Pending Pass _____ # of Attempts _____

Have you ever been denied a medical license or had your license revoked, limited, restricted, or suspended ____

VISA STATUS (if applicable)

Current VISA status and type _____

Pending VISA status _____

PROFESSIONAL REFERENCES (3 required, one of which must be General Psychiatry Program Director) *Please Attach Letters of Recommendation with the Application*

1. _____
General Psychiatry Program Director Name Title

Address Telephone

Last Name _____

2. _____
Name Title

Address Telephone

3. _____
Name Title

Address Telephone

OTHER INFORMATION (Please enclose or provide under separate cover the following information to complete your application)

1. Medical school transcript with official school seal
2. Curriculum Vitae
3. Personal Statement: Please provide a brief narrative of your interest in forensic psychiatry. In addition, you may desire to briefly note any aspect of your training, experience, or future plans not requested in this application that may be considered by the fellowship selection committee.
4. Writing sample: Please provide an additional writing sample, either a de-identified forensic report or psychiatric evaluation.

NOTICE Prior to matriculation, you will required to sign a statement of professionalism, a release for criminal background check, and provide evidence of completion of general psychiatry residency program (letter from the Program Director or certificate).

SIGNATURE

I certify that the information submitted on these application materials is complete and correct to the best of my knowledge. I understand false or missing information may disqualify me for this position.

Signature _____

Date _____