

**COMMUNITY MEDICINE & GLOBAL HEALTH FELLOWSHIP APPLICATION**

Please return the completed application and all supporting documents to [Lynn.Eddleman@johnmuirhealth.com](mailto:Lynn.Eddleman@johnmuirhealth.com)

# PERSONAL INFORMATION

FIRST NAME: LAST NAME:

STREET ADDRESS: CITY:

STATE: ZIP CODE:

PHONE NUMBER: EMAIL ADDRESS:

# RESIDENCY PROGRAM

NAME:

DATE OF GRADUATION:

# MEDICAL SCHOOL

NAME:

DATE OF GRADUATION:

# GRADUATE/MASTERS PROGRAM (if applicable)

NAME:

DATE OF GRADUATION:

LANGUAGES SPOKEN AND LEVEL OF FLUENCY

THREE REFERENCE CONTACTS:

1. Name:

Job Title/Company:

Address:

Email:

Phone:

1. Name:

Job Title/Company:

Address:

Email:

Phone:

1. Name:

Job Title/Company:

Address:

Email:

Phone:

Supporting Documents (to be emailed to [Lynn.Eddleman@johnmuirhealth.com](mailto:Lynn.Eddleman@johnmuirhealth.com)):

* Curriculum Vitae (CV)
* 1-2 page personal statement. We recommend you consider the following prompts in writing your personal statement:
  + Meaningful experiences in community and global health
  + Interest in working with underserved communities
  + Significant barriers you have overcome on your path to medicine
  + Goals in completing this fellowship
* 1 letter of recommendation from your Residency Program Director
* 2 professional letters of recommendation (These may be submitted directly to Erin.Ackerley@johnmuirhealth.com)
* USMLE/COMLEX Transcript
* Medical School Transcript
* MSPE (Dean’s Letter)
* ECFMG certificate (for international medical graduates)
* Medical License