

F. EXAMINATION SCORES:

CREOG	% CORRECT	YEAR %	Stnd SCORE	ECFMG	DATE	SCORE
Year 1				Basic Science		
Year 2				Clinical Science		
Year 3				English		
Nat'l Boards	DATE	SCORE		FLEX	DATE	SCORE
Step I				Comp I		
Step II				Comp II		

III. LICENSURE

A. Medical Licenses

State: _____

State: _____

License #: _____

License #: _____

Year Obtained: _____

Year Obtained: _____

Year Expires: _____

Year Expires: _____

Have you ever completed an application for Kentucky Licensure?

Yes No

Date: _____

B. Have you ever been reprimanded or disciplined by a licensing board or made to appear before a licensing board for allegations of misconduct or wrongdoing?

Yes No

Date: _____

C. Has your license (issued by any state) ever been suspended, revoked, or restricted?

Yes No

Date: _____

D. Are you currently or previously involved in a malpractice suit?

Yes No

Date: _____

If you answered Yes to C, D, or E above please explain:

IV. CERTIFICATION IN OBSTETRICS AND GYNECOLOGY

A. Have you made application for the written examination?

Yes No

Date: _____

B. Have you passed the written examination?

Yes No

Date: _____ Date Scheduled: _____

C. Have you made application for the oral examination?

Yes No

Date: _____

D. Have you passed the oral examination?

Yes No

Date: _____

V. EMPLOYMENT AND HOSPITAL PRIVILEGES

A. Briefly explain your employment record (up to the last five years) if other than residency training:

B. Please list current and past Hospital Privileges:

_____	_____	_____
Hospital Name	City, State	Dates

_____	_____	_____
Hospital Name	City, State	Dates

C. Have you ever had any hospital privileges suspended, revoked, or restricted?

Yes No

If yes, please explain:

VI. PROFESSIONAL/PERSONAL INTEREST

A. Professional Interests and Goals:

B. Do you have an area of special interest that you wish to pursue during your fellowship? ie) MPH, critical care, genetics, molecular biology:

C. Hobbies:

VII. LETTERS OF RECOMMENDATION (3 required, one must be from your residency director):

_____	_____
Name	Title

_____	_____
Name	Title

Name

Title

Name

Title

VIII. SUPPORTING DOCUMENTS

- A. Personal Statement
- B. Curriculum Vitae
- C. 3 Current Letters of Recommendation
- D. Recent Photograph (affix on front page)

I certify that the information I have provided on this application and on all other application materials is complete, accurate, and true to the best of my knowledge, and I acknowledge that providing false or incomplete information is grounds for revoking a fellowship offer or terminating a fellowship position.

Applicant's Signature:

Date:

**This application and all supporting documents must be faxed or sent directly to
(please call to confirm receipt of completed application if you choose to fax):**

**Linda S. Sager
Fellowship Program Administrator
Division of Maternal Fetal Medicine
University of Kentucky
800 Rose Street, C-358
Lexington, KY 40536-0293
Phone: 859-257-2321
Fax: 859-257-9089
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