

Attach picture here

# University of Maryland Forensic Psychiatry Fellowship Program

*Application for Forensic Psychiatry Fellowship Training*

Position desired: \_\_\_\_\_

Starting: \_\_\_\_\_, 20\_\_\_\_  
month year

Name: \_\_\_\_\_  
first middle last

Current Address: \_\_\_\_\_  
street  
\_\_\_\_\_ city state zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  
please print

Birthdate: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Gender:\* \_\_\_\_\_

Citizenship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Type of visa (non-US citizens): \_\_\_\_\_

## Undergraduate Education:

Name of School: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_

Name of School: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_

## Medical School:

Name of School: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_

Name of School: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_

## Other Study:

Name of School: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_

Name of School: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Degree \_\_\_\_\_

Clinical Experience: (Include internships, residencies, and other pertinent training with the institution's name and dates of attendance)

---

---

---

---

---

---

---

---

(over)

\*optional

Honors, Awards, Publications, Research, etc.

---

---

---

---

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

Flex \_\_\_\_\_ ECFMG \_\_\_\_\_ FMGEMS \_\_\_\_\_

Clinical Skills Assessment Examination \_\_\_\_\_

ECFMG No. (if applicable) \_\_\_\_\_

State Medical License (if applicable): \_\_\_\_\_

year state license number

Documentation to be submitted with the completed application form:

1. Copies of USMLE, NBME, Clinical Skills Assessment Examination or FLEX certificates (originals only)
2. Copy of the Standard ECFMG certificate (for International Medical Graduates)
3. Medical School Dean's letter
4. Medical School Transcript (original only)
5. Curriculum Vitae
6. A personal statement including information regarding additional qualifications, personal interests, professional interests, etc.
7. Three letters of recommendation (including one from your training director):
  - a. \_\_\_\_\_  
name title address
  - b. \_\_\_\_\_  
name title address
  - c. \_\_\_\_\_  
name title address
8. Two writing samples (redacted reports or clinical writing)

Date of Application: \_\_\_\_\_ Signature: \_\_\_\_\_

Please mail application and all requested documents to:

Anne Hanson, MD  
Director, University of Maryland  
Forensic Psychiatry Fellowship Program  
C/O Clifton T. Perkins Hospital Center  
8450 Dorsey Run Road  
Jessup, MD 20794-1000