



NAME

SOCIAL SECURITY NO.

PRESENT ADDRESS

TELEPHONE: DAY

EVENING

EMAIL

PERMANENT ADDRESS

TELEPHONE: DAY

EVENING

EMAIL

VISA REQUIRED YES NO

*Attach recent photograph here*

Please attach a current Curriculum Vitae and a one-page personal statement to this application and send it to:

Esther Teverovsky, MD  
 Director, Geriatric Psychiatry  
 Fellowship Program  
 WPH  
 3811 O'Hara Street  
 Pittsburgh, PA 15213

**Applying for training to begin (month/yr):**

**Medical education**

Medical School(s)	City	State	From (mo/yr)	To (mo/yr)

USMLE Step 1: Score:	Date:	<b>For graduates of international medical schools ONLY:</b>	
Step 2: Score:	Date:	ECFMG Certificate No.	Valid till:
Step 3: Score:	Date:	Certificate obtained by passing what exam?	
Other Exams ( <i>specify</i> ):		Visa status ( <i>if applicable</i> ):	

**Internships / Residencies / Fellowships**

Hospital(s)	From (mo/yr)	To (mo/yr)	Type of Service, (ie Academic etc)
Name			
City State			
Name			
City State			
Name			
City State			

**Areas of clinical or research interests**

---



---



---

**Other interests**

Meeting with specific residents / faculty (*please list*):

Any other interests you wish to explore at WPIC (*postdoctoral fellowships, etc.*):

Special needs for spouse / significant other (*please specify*):

**Honors/Awards**

---



---



---

**CSVs Completed, (if PGY1 after 7/2007)**

**Electives Completed/Planned**

<b>Dates and examiner names</b>	

**Undergraduate / Graduate / Postgraduate Education**

School(s)	From (mo/yr)	To (mo/yr)	Major	Degree (if any)
Name				
City State				
Name				
City State				
Name				
City State				

**Service Obligations / Personal History (must answer)**

- ◆ Required to fulfill any service obligations (NHS Corps, Armed Forces scholarships, etc.)?  Yes  No
- ◆ Convicted of a felony?  Yes  No
- ◆ Dismissed from college/medical school for behavioral/academic reasons?  Yes  No

*If you answered Yes to any of these questions, please explain fully on a separate sheet*

**References (please see Application Instructions for required types of references)**

***TRAINING DIRECTOR OF GENERAL PSYCHIATRY PROGRAM***

---

NAME & TITLE \_\_\_\_\_

INSTITUTE \_\_\_\_\_

ADDRESS \_\_\_\_\_

---

***OTHER REFERENCES***

---

NAME & TITLE \_\_\_\_\_

INSTITUTE \_\_\_\_\_

ADDRESS \_\_\_\_\_

---



---

NAME & TITLE \_\_\_\_\_

INSTITUTE \_\_\_\_\_

ADDRESS \_\_\_\_\_

---



---

NAME & TITLE \_\_\_\_\_

INSTITUTE \_\_\_\_\_

ADDRESS \_\_\_\_\_

---

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_