

**Virginia Mason Franciscan Health**

**Center for Digestive Health**

# ADVANCED ENDOSCOPY FELLOWSHIP TRAINING PROGRAM APPLICATION

## ACADEMIC YEAR JULY 2026 – JUNE 2027

Fellowship Director: Rajesh Krishnamoorthi, MD

# Medical Director, Center for Digestive Health: Michal Hubka

# MD Founding Executive Director, Digestive Disease Institute: Richard A. Kozarek, MD

**SUBMISSION DEADLINE: February 21, 2025**

Please complete the application to Terri Davis Smith via E-mail ([Terri.DavisSmith@commonspirit.org](mailto:Terri.DavisSmith@commonspirit.org))

If you need to send via postal service, please address it to:

Rajesh Krishnamoorthi, MD, Fellowship Director

Attention: Terri Davis Smith

Center for Digestive Health

Virginia Mason Franciscan Health

1100 9th Ave.

P.O. Box 900 Mail Stop: G250-B Seattle, WA 98101

Please request that your additional letter of recommendation be sent to the same address.

If you experience any difficulties with or have questions about this process, please contact Terri Davis Smith.

Voice: 206-515-5397

Fax: 206-341-0061

E-mail: [Terri.DavisSmith@commonspirit.org](mailto:Terri.DavisSmith@commonspirit.org)

**ADVANCED ENDOSCOPY FELLOWSHIP APPLICATION**

***Please Print or Type***

### PERSONAL DATA

Last Name First Name Middle

|  |
| --- |
| Permanent Address |
| City State Zip Code |
| Home Telephone Work Telephone E-mail |
| Place of Birth Date of Birth Country of Citizenship |
| ***Please note: We cannot consider applicants with J1 or H-1B visa status.*** |
| Have you ever been denied a license, permit or privilege of taking an examination by any licensing authority?  Yes No Have you ever had a license of permit encumbered in any way (i.e., revoked, suspended, surrendered, restricted, limited, placed on probation?  Yes No  Have you ever been named in a malpractice suit? Yes No  *(If you answered yes to any of these questions, please attach a detailed explanation.)* |

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| --- | --- | --- | --- | --- |
| **POSTGRADUATE**  **TRAINING** | **NAME OF INSTITUTION** | **LOCATION** | **DATES OF**  **ATTENDANCE** | **DEGREE**  **AWARDED** |
| Internship |  |  |  |  |
| Residency |  |  |  |  |
| Fellowship |  |  |  |  |

### REFERENCES

Three letters of reference are to be included with the ASGE application that is required in addition to this application. Please submit an *additional* letter of reference, if not already included as a letter with the ASGE application, from the chief of service or program director of the most recent accredited US residency in which you have served, OR from the fellowship director of the most recent fellowship program in which you have served. This letter must provide written attestation that you are competent and qualified to perform and be credentialed in basic endoscopy at an independent level.

Name Position/Title Email & Phone Number