**Center for Digestive Health Virginia Mason Franciscan Health**

**ACADEMIC YEAR: 2026-2027**

**HEPATOLOGY FELLOWSHIP TRAINING PROGRAM APPLICATION**

## SUBMISSION DEADLINE:

**November 30**

We are pleased to provide you with an application to the One-Year Hepatology Fellowship Training Program at the Center for Digestive Health at Virginia Mason Franciscan Heath

Please complete this ***application, along with a cover letter, personal statement, three letters of recommendation, and a copy of your updated CV*** and mail, fax or E-mail to:

### ATTENTION: Terri Davis Smith

**ACADEMIC SPECIALIST**

Center for Digestive Health

Virginia Mason Franciscan Health

1100 9th Ave.

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

Telephone: 206-515-5397

Fax: 206-341-0061

E-mail:

terri.davissmith@commonspirit.org

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

### Please request that the letters of recommendation be sent to the same address.

**HEPATOLOGY 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 Social Security Number |
| Place of Birth Date of Birth |
| Country of Citizenship |

***Please note: We cannot consider applicants with J1 or H1B visa status.***

Is the applicant a US citizen?:

□Yes

* No

If no, is the applicant a permanent resident or possess a student or training visa?:

* Permanent resident of the U.S.
* Visa – Type and number:

Start Date: Expiration Date: Eligible for renewal? Yes No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | **NAME OF INSTITUTION** | **LOCATION** | **DATES OF ATTENDANCE** | **DEGREE AWARDED** |
| College |  |  |  |  |
| Medical School |  |  |  |  |
| Graduate School |  |  |  |  |
| **POSTGRADUATE****TRAINING** | **NAME OF INSTITUTION** | **LOCATION** | **DATES OF****ATTENDANCE** | **DEGREE****AWARDED** |
| Internship |  |  |  |  |
| Residency |  |  |  |  |
| Fellowship |  |  |  |  |

#### LICENSURE

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE** | **DATE OF ISSUE** | **EXPIRATION DATE** | **NUMBER** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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?

*(If you answered yes to any of these questions, please attach a detailed explanation.)*

#### CERTIFICATION

 Yes No

Board Year of Certification

#### HONORS

*Attach a separate page if necessary; do not write, ”see C.V.”*

#### REFERENCES

Three original letters of recommendations are required; photocopies are not acceptable. One letter must be from the Chief of Service, or Program Director, of all accredited US residencies in which you have served.

Name Position/Title

Name Position/Title

Name Position/Title

How did you learn of this fellowship program?