

**West Virginia
University Hospitals,
Inc.**



West Virginia University

Photo

**FORENSIC PSYCHIATRY
FELLOWSHIP APPLICATION**

Date available to start fellowship: _____

PERSONAL DATA

Name:

email:

Last First Middle

_____/_____/_____
_____/_____
Social Security Number Date of Birth

Place of Birth

Citizenship

_____/_____
Present Address Street City State Zip Telephone

_____/_____
Work Address Street City State Zip Telephone

_____/_____
Permanent Address Street City State Zip Telephone

EDUCATION

_____/_____
Residency Program/University or Hospital

Exact Dates

_____/_____
Internship/University or Hospital (if different than residency)

Exact Dates

_____/_____
Medical School

Dates Attended

_____/_____/_____
Graduate School

Degree

Dates Attended

_____/_____/_____/_____

Last Name_____

Undergraduate	Major	Degree	Dates Attended
_____	_____	_____	_____

Other Training	Major/Focus	Degree	Dates Attended
_____	_____	_____	_____

Other Training	Major/Focus	Degree	Dates Attended
_____	_____	_____	_____

Other Training	Major/Focus	Degree	Dates Attended
_____	_____	_____	_____

EXAMINATION SCORES

USLME/COMLEX Scores	Part I _____	Date _____	# of Attempts _____
	Part II _____	Date _____	# of Attempts _____
	Part III _____	Date _____	# of Attempts _____
ECFMG	Part I _____	Date _____	# of Attempts _____
	Part II _____	Date _____	# of Attempts _____
	Part III _____	Date _____	# of Attempts _____

LICENSURE/CERTIFICATION

_____	_____	_____
State Licensure and Number	State Licensure and Number	State Licensure and Number

ABPN Board Certification Psychiatry Part I (written) Pass Date_____ or Pending Pass___ # of Attempts____

ABPN Board Certification Psychiatry Part I (oral) Pass Date_____ or Pending Pass___ # of Attempts____

VISA STATUS (if applicable)

Current VISA status and type_____

Pending VISA status_____

PROFESSIONAL REFERENCES (2 required, one of which must be General Psychiatry Program Director)

Please Attach Letters of Recommendation with the Application

1. _____
General Psychiatry Program Director Name Title

_____	_____
Address	Telephone

2. _____
Name Title

_____	_____
Address	Telephone

Last Name_____

OTHER INFORMATION (Please enclose or provide under separate cover the following information to complete your application)

1. Medical school transcript with official school seal
2. Curriculum Vitae
3. Personal Statement: Please provide a brief narrative of your interest in forensic psychiatry. In addition, you may desire to briefly note any aspect of your training, experience, or future plans not requested in this application that may be considered by the fellowship selection committee **NOTICE** Prior to matriculation, you will required to sign a statement of professionalism, a release for criminal background check, and provide evidence of completion of general psychiatry residency program (letter from the Program Director or certificate).

SIGNATURE

I certify that the information submitted on these application materials is complete and correct to the best of my knowledge. I understand false or missing information may disqualify me for this position.

Signature_____

Date_____