

Starting Year _____
(Please fill in)

APPLICATION FOR FELLOWSHIP IN ENDOCRINOLOGY - METABOLISM

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL
AFFILIATED HOSPITALS
Parkland Memorial Hospital – Dallas Veterans Administration Hospital

Please return application to Dr. James E. Griffin, c/o Joyce Rojas, Department of Internal
Medicine. The University of Texas Southwestern Medical Center, 5323 Harry Hines
Blvd., Dallas, Texas 75390-8857.

Date: _____

Name: _____ Home phone: _____

Home Address:

Street City State Zip

Social Security # _____ Sex: _____ Date of Birth _____

U.S. Citizen? Yes State of licensure _____

-OR-

Permanent Resident of U.S.? Yes

Current position: _____ Work phone: _____

Work address:

Street City State Zip

Undergraduate school: _____
Name Degree Year

Medical School: _____
Name Degree Year

Residency and fellowship training:

Research experience (list publications if any):

Type of fellowship:

The fellowship at our institution is primary designed for those desiring a career in academic medicine. Clinical work is sufficient to qualify for endocrine boards. Research may be either clinical or laboratory-oriented.

Circle either clinical or lab-oriented

Primary interest (e.g., diabetes, lipids, etc.):

References: Please have letters of evaluation sent by the following two faculty members who know you well:

1. _____
2. _____

Additional information: A narrative summary of your past achievements and plans for the future may be attached to this form.