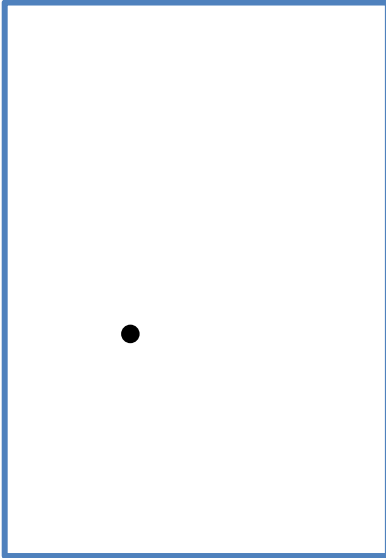




## ADVANCED ENDOSCOPY FELLOWSHIP APPLICATION



Name: \_\_\_\_\_  
(last, first, middle)

Credentials: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_  
(if applicable)

Current Address: (street) \_\_\_\_\_  
(city, state & zip code) \_\_\_\_\_

Permanent Address: (street) \_\_\_\_\_  
(city, state & zip code) \_\_\_\_\_

Phone numbers: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Citizenship Status/country: \_\_\_\_\_

Seeking Visa Sponsorship?    Yes    No    Type:    J-1    H-

Place of birth: \_\_\_\_\_  
(city, state & country)

Medical License #: \_\_\_\_\_ State: \_\_\_\_\_ NPI: \_\_\_\_\_

DEA #: \_\_\_\_\_ Have you ever been convicted of a felony?

### Education and Professional Experience

Institution	Location	No. of Years	Dates	Degree
College or University:				
Graduate / Medical School:				
Internship/ Residency:				
Fellowship Training:				
Faculty Positions/ Other:				

**Personal Statement:** Please provide a separate one-page personal statement.

**CV:** Please include your current curriculum vitae, including publications, ID numbers, examinations, board certifications, and licensures.

**Letters of Recommendation:** Please provide 3 letters of recommendation. Each should be addressed to Dr. Wassef and/or Dr. Liu.

**Professional Photo:** Please provide a professional headshot photo, not to exceed a file size of 1200 by 800 pixels/ 1MB.

**Medical School Transcript:** Please provide your medical school transcripts (scanned copy of official transcripts to be sent via pdf)

**USMLE Transcript/ ECFMG Status:** Please provide your USMLE transcripts including scores for all steps. If you are a graduate of a foreign medical school, please also provide ECFMG status.

**Please submit completed application along with above listed documentation\* via email to [shanna.baker@bannerhealth.com](mailto:shanna.baker@bannerhealth.com) No later than December 31, 2021**

*I certify that all information provided in this application is true and complete to the best of my knowledge. I acknowledge that I will be required to verify information prior to appointment and that any false or misleading information may disqualify me from employment consideration.*

***Please click to upload your Personal Statement below:***

***Please click to upload your current curriculum vitae below:***

***Please click to upload a letter of recommendation below:***

***Please click to upload a letter of recommendation below:***

***Please click to upload a letter of recommendation below:***

***Please click to upload your medical school transcripts:***



***Please click to upload your USMLE (and ECFMG, if applicable) Documentation below:***

***Please click to upload additional documentation below:***