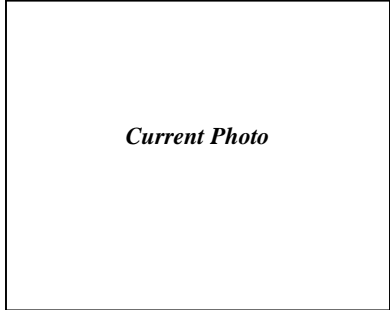


**The University of Chicago
Committee on Clinical Pharmacology and Pharmacogenomics
5841 S. Maryland Avenue
MC 2115
Chicago, Illinois 60637
Telephone: 773-702-9699
Fax: 773-702-9698**



FELLOWSHIP APPLICATION

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street & Number)

(City) (State) (Zip Code) (Country)

TELEPHONE: _____ (Home) _____ (Office)

EMAIL: _____

APPROXIMATE DATES OF DESIRED TRAINING:

From: _____ **To:** _____

PERSONAL INFORMATION

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

CITIZENSHIP: _____ **TYPE OF VISA:** _____

SOCIAL SECURITY NO. : _____ (if applicable)

EDUCATIONAL BACKGROUND

	Name & Location of School	Dates of Attendance		Degree & Date Received
		From Mo. Yr.	To Mo. Yr.	
Undergraduate				
Medical or Professional				
Internship				
Residency				
Postdoctoral Training				
Other				

CERTIFICATION

	Number	State/Country	Year
MEDICAL LICENSE:	_____	_____	_____
	_____	_____	_____

**NATIONAL BOARD OF MEDICAL EXAMINERS
CERTIFICATIONS:** _____ **Date:** _____

HONORS (undergraduate and graduate) _____

SOCIETY MEMBERSHIPS (medical, scientific, etc) _____

PUBLICATIONS (Please attach a Curriculum Vitae or an extra sheet listing title, journal, volume, first page number and year)

INTERESTS IN CLINICAL PHARMACOLOGY AND PHARMACOGENOMICS (Summarize your interest in teaching and research in Clinical Pharmacology and Pharmacogenomics and your future career plans. Include information regarding any training in teaching or research).

REFERENCES

Please arrange for three (3) letters of recommendation to be sent to:

**Mark J. Ratain, M.D.
The University of Chicago
Committee on Clinical Pharmacology and
Pharmacogenomics
5841 S. Maryland Avenue, MC 2115
Chicago, IL 60637**

List the names and address of individuals from whom you have requested letters of reference.

- 1. _____

- 2. _____

- 3. _____

Date: _____

Signature: _____