

**University of Michigan Addiction Psychiatry Fellowship Program**

Please download this application and **type** in your responses.

Enter your name on each page of this application.

**Eligibility Criteria: Successful completion of an ACGME accredited Psychiatry General Residency and must be eligible for permanent medical licensure in the State of Michigan.**

# Section I – Personal Data

Last Name First Name Middle Initial:

## Home Address

Street City State/Zip

## Contact Information (place an “x” next to your preferred contact number/email)

 \_Home Telephone:

 \_Work Telephone:

 \_Cell:

 \_Pager:

 \_Email:

## Citizenship Status (place an “x” next your selection)

 U.S. Citizen

 Permanent Resident

 J1 Visa; ECFMG Number:

 Other, please describe:

# Section II – USMLE Scores (Indicate raw totals and percentiles):

Step I:

Step II:

Step III:

# Section III – Education

# Provide an explanation for gaps in training of more than one month.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education** | **Institution** | **City/State** | **Dates of Attendance** | **Degree Awarded** |
| College |  |  |  |  |
| Medical School |  |  |  |  |
| Graduate School |  |  |  |  |
| Internship |  |  |  |  |
| Residency |  |  |  |  |

**Section IV – Licensure**

|  |  |  |  |
| --- | --- | --- | --- |
| **State** | **Issue Date** | **Expiration Date** | **Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Have you ever been denied a license, permit or privilege of taking an examination by any

licensing authority? Yes

No

1. Have you ever had a license encumbered in any away (i.e., revoked, suspended, surrendered,

restricted, limited, placed on probations)? Yes

1. Have you ever been named in a malpractice suit? Yes

No No

*If you answered “Yes” to any of these questions, you must attach and sign a detailed explanation.\**

# Section V – Certification

Board: Year Certified:

# Section VI – Personal Statement

Attach a separate letter of interest in Addiction Psychiatry and the training program. Include a description of your career goals after you complete your fellowship training in this personal statement and address this to Dr. Ed Jouney, DO, Program Director.

# Section VII – References

A minimum of three **original** letters of recommendation are required for application to the University of Michigan Addiction Psychiatry Fellowship Program. One letter must be received from the Program Director of every accredited U.S. residency in which you have served; additional letters are your choice of faculty. Please note that letters should address your clinical knowledge and skills. *List your references below:*

|  |  |
| --- | --- |
| **Name** | **Title/Institution** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| Additional Letters: |  |
|  |  |
|  |  |

# SECTION VIII – Additional Documentation

* + Curriculum Vitae – please attach a copy

Signature Date

* **Application, Personal Statement, and CV**: should be returned to Celia Williams, Program Administrator, via email at aaronpz@med.umich.edu.
* **Letters of Recommendation** should be submitted to:

Ed Jouney, DO

Program Director

University of Michigan

Addiction Psychiatry Fellowship Program

4250 Plymouth Road, SPC 5767

Ann Arbor, MI 48109-2700

Please contact Celia at 734-232-0487 or aaronpz@med.umich.edu , if you have questions or need additional information.