

Post Graduate Experience/Post Baccalaureate Studies (Internship, Residency, Fellowship, and Dates):

Extra-Curricular Activities, Academic Honors, Offices, etc.:

National Board Exam Scores: Part I _____ Part II _____ Part III _____ FLEX _____

Date Licensed: _____ **State:** _____

Board Certification: _____

Date Certified: _____

Research/Teaching Experience: _____

Professional Experience since graduation: _____

Discuss briefly your career goals in geriatrics and family medicine (use a separate sheet if necessary):

Interest Outside of Medicine: (intellectual interests, hobbies, sports, etc.):



References:

- A letter of recommendation from your residency program director or department chairman is required.
- In addition to this information, please have 2 physicians submit letters of recommendation. It is desirable for one of these letters to be from a faculty member in the department of family medicine.
- List reference names and addresses below.

1.	_____	_____	_____
	Name	Address	Phone
2.	_____	_____	_____
	Name	Address	Phone
3.	_____	_____	_____
	Name	Address	Phone

Signature

Date

Submit to:
Balaji Pabbu, MD
Geriatric Fellowship Director
ECU BSOM Department of Family Medicine
101 Heart Drive, MS654
Greenville, NC 27834