



Women & Infants Hospital
Obstetric & Consultive Medicine
101 Dudley Street
Providence, RI 02905

Fellowship Application

Date: \_\_\_\_\_

Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Are you a citizen of the United States: [ ] Yes [ ] No

If no, are you authorized to work in the United States? [ ] Yes [ ] No

Type of Visa presently held: \_\_\_\_\_ Expiration: \_\_\_\_\_

Medical School

Degree (s): \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Residency Training

Internship: \_\_\_\_\_ Dates: \_\_\_\_\_

Residency: \_\_\_\_\_ Dates: \_\_\_\_\_

Additional Training: \_\_\_\_\_

Honors/Awards: \_\_\_\_\_

Board Certification Status

\_\_\_\_\_  
\_\_\_\_\_

With this application, please attach an updated Curriculum Vitae, and Letter of Interest/Personal Statement (not to exceed one typed page). Please have 3 letters of professional reference including your program director forwarded under separate cover. RETURN TO: Lauren Delvecchio, Women & Infants Hospital, Suite 3552, 101 Dudley Street, Providence, RI 02905-2499

Signature: \_\_\_\_\_

Date: \_\_\_\_\_