

# Application



## Via Christi International Family Medicine Fellowship

To begin (July 1): \_\_\_\_\_

Please send: color photo (head shot) of applicant

### Personal data

Last name	First name	Middle name	
Present address			
City ( )	State ( )	ZIP code ( )	Country
Home phone	Work phone	Cell phone	
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security number (optional)		
Email address			

### Education

College or university	City/state	Dates	Degree
Post-graduate education	City/state	Dates	Degree
Medical school	City/state	Dates	Degree
Internship and hospital experience	City/state	Dates inclusive	Type
Residency and hospital experience	City/state	Dates inclusive	Type
Fellowship training and hospital experience	City/state	Dates inclusive	Degree (MD/DO)

National board of medical examiners scores (copy required):

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I	II	III
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Flex scores (copy required):

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I	II	III
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U.S. medical license examiners (copy required):

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I	II	III
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Previous practice experience: (may attach separate page if needed)

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International medical rotations (include dates, type, location and instructor):

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International health/medical mission conferences:

Attended:

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Presented:

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Additional personal data

1. Work experience prior to medical training (occupation/title, dates):

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2. Military status (U.S.) (Present status and service: if not applicable, skip to 3.):

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a. Do you hold a reserve commission?  YES  NO

To begin: \_ \_ \_ \_ \_ for \_ \_ \_ \_ \_ on \_ \_ \_ \_ \_

Branch: \_ \_ \_ \_ \_

Rank: \_ \_ \_ \_ \_

b. Have you served in the military or U.S.P.H.S.?  YES  NO

c. Have you attended summer training camp?  YES  NO

d. Are you required to attend reserve meetings?  YES  NO

e. Are you required to attend summer training camp?  YES  NO

f. Do you have a military or U.S.P.H.S. commitment?  YES  NO

To begin: \_ \_ \_ \_ \_ for \_ \_ \_ \_ \_ on \_ \_ \_ \_ \_

3. Are you certified by the E.C.F.M.G.?  YES  NO

Which qualifying exam taken? \_\_\_\_\_

a. Dates passed: \_ \_ \_ \_ \_

b. Scores: Part one: \_\_\_\_\_ Part two: \_\_\_\_\_

c. Certificate number: \_\_\_\_\_

d. Certificate valid through what date: \_\_\_\_\_

4. If not a U.S. citizen, will you enter or remain in the U.S.? When: \_\_\_\_\_

a. Exchange visitor visa: \_\_\_\_\_

b. Permanent visa number: \_\_\_\_\_

c. How many years may you remain in the U.S.? \_\_\_\_\_

5. Publications (author, title, publication, date—use additional sheets if necessary):

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6. Conferences attended or presented (other than international medicine—use additional sheets as needed):

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7. Honors and awards:

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8. References and supporting documents:

\*Please ask three physicians who have supervised you in a clinical setting within the past year to send letters in support of your application.

\*Copies of the following documents are required:

- „ Medical school diploma
- „ Certificate or other validation of all previous training
- „ Copy of current state medical license (please note that applicants who are approved for the Via Christi International Family Medicine Fellowship training will be required to obtain prior to and maintain through the fellowship year a current Kansas medical license)
- „ Copy of current DEA license
- „ Copy of NPI number
- „ Curriculum vitae
- Procedure Log

\*Please note that additional information such as letter of commendation from medical school dean, undergraduate and medical school transcripts, and rotations taken during residency may be required. This will be determined by the application committee following receipt of this application.

\*Because obstetric training varies among family medicine residency programs, we require validation of adequate obstetric training and experience. Please include:

- „ Verified logs vaginal deliveries (at least 75 strongly recommended). Include experience with vacuum and/or forceps assistance and laceration/episiotomy repairs.
- „ Documentation regarding all C-section experience both as primary operator as well as assistant
- „ A letter from the director of your residency obstetric service assessing obstetrical skillset.

**9. Personal statement:**

Please attach a one-to-two page personal statement clearly summarizing the events and experiences that have cultivated in you an interest in international health, what strengths you bring to this decision, and what your specific goals are to pursue international health/medical missions.

**10. Probation:**

Have you ever been placed on probation or suspended from your job duties, residency, training program, had privileges revoked, or been part of a malpractice complaint? If YES, please explain below:

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**11. Limitations:**

Are you aware of any limitation which would prevent you from performing the duties of the fellowship for which you are applying?

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**12. Have you been or are you currently certified in (include date of most recent certification):**

- a. ACLS       YES  NO      Date: \_\_\_\_\_
- b. ATLS       YES  NO      Date: \_\_\_\_\_
- c. ALSO       YES  NO      Date: \_\_\_\_\_
- d. PALS       YES  NO      Date: \_\_\_\_\_
- e. NALS       YES  NO      Date: \_\_\_\_\_

**Do not send original documents. No documents will be returned. Photocopies of this application will be accepted. However the signature on each application must be original.**

I certify that the information given or attached is true,  
accurate and complete.

Signature:

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(Must be original)

Date:

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**Please send all applications and supporting documents to:**

Via Christi International Family Medicine Fellowship

Kelli Weber, Administrative Assistant

Kelli.Weber@ascension.org

707 N. Emporia

Wichita, KS 67214