

NYU School of Medicine
Masters of Science in Medical Education
Fellowship in General Internal Medicine
2007 -2009

Application Requirements

- Completed application form
- Personal Statement of Purpose (1-2 pages)
 - *Your reason for seeking fellowship training in general internal medicine*
 - *Your specific learning goals for this fellowship program*
 - *Your career plans beyond fellowship*
 - *Your interest in working in a medically underserved community*
 - *Your ideas for a curriculum development project and education research project*
- Resume or curriculum vitae
- 3 letters of recommendation

Eligibility

- U.S. citizen or permanent resident
- Board eligible or certified and a graduate of an accredited residency training program or fellowship in internal medicine, emergency medicine or pediatrics
- An active NYS medical license is required before matriculation

PLEASE CONTACT THE PROGRAM OFFICE FOR DEADLINE INFORMATION:

Mail applications to: Mark D. Schwartz, MD, Director, Fellowship Program, VA New York Harbor HCS; 423 E. 23rd Street, 15N; New York, NY 10010. Tel. (212) 686-7500 x 6135, e-mail: mark.schwartz3@med.va.gov.

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PROGRAM APPLICATION

Please type or print legibly in dark ink.

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|-----------------------|-------------------|--|--|
| <hr/> | | <hr/> | |
| Last Name | First Name | Middle | |
| Current Address _____ | Valid Until _____ | Other Address (if current address may soon change) | |
| (date) _____ | | | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| Telephone _____ | | Telephone _____ | |
| Alternate Phone _____ | | Alternate Phone _____ | |
| Fax _____ | | Fax _____ | |
| E-mail _____ | | | |
| Date of birth _____ | | City & Country of birth _____ | |
| (mo. / day / yr.) | | | |
| Sex M F | | Citizenship U.S. U.S. Permanent Resident | |
| Medical School _____ | | Date Graduated _____ | |
| Residency _____ | | Date Graduated (or anticipated date of graduation) _____ | |
| Fellowship _____ | | Date Graduated (or anticipated date of graduation) _____ | |

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LETTER OF EVALUATION
(Please give to faculty recommender)

TO THE APPLICANT

Please give this form to a professor/faculty advisor, along with an envelope marked "Evaluation Letter."
Ask the recommender to seal the letter he or she writes on your behalf in the envelope and to sign across the seal and either mail it directly to NYU at the address listed on the bottom of this page or, alternatively, return it to you. If the letter is returned to you, do not open the sealed envelope. Rather, submit each sealed letter of evaluation you receive together with your completed application package.

| | | |
|------------------------------|-------------------|-----------------------|
| Applicant's Last Name | First Name | Middle Initial |
|------------------------------|-------------------|-----------------------|

Current Department or Program _____

Under the Family Education Rights & Privacy Act of 1974 (Buckley Amendment), which gives registered students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of evaluation. In the belief that applicants, and the persons from whom they request evaluations, may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

(1) I waive my right to examine this letter. **(2) I do not waive my right to examine this letter.**

Please check

Please check

(applicant's signature)

(applicant's signature)

TO THE RECOMMENDING FACULTY

How long you have known the applicant and in what capacity? _____

How would you rate the applicant's overall preparation and aptitude for this program?

Top 5% Top 10% Top 25% Top 50% Below 50%

This form is submitted to you for an opinion of the applicant's capabilities and potential as a research investigator. In a **separate letter** on your institutional letterhead, we ask you to please discuss candidly the applicant's abilities, progress, and scholarly potential. Please seal and sign the back flap of the envelope and either return the evaluation to the applicant or forward it directly to: Mark D. Schwartz, MD, Director, Fellowship Program, Department of Medicine, NYU School of Medicine, 550 First Avenue, BCD, D-401, New York, NY 10016.
Tel. (212) 686-7500 x 6135, e-mail: mark.schwartz3@med.va.gov

Note: If the applicant requesting this evaluation has signed neither of the statements above, this letter will be available for the applicant's examination.

Signature (author of letter) **Name (print or type)**

Title **Department**

Date

