A close up of a logo

Description automatically generated

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Appointment**  **Oklahoma State University Addiction Medicine Fellowship Program**  **Department of Psychiatry and Behavioral Sciences**  **Oklahoma State University Center for Health Sciences** | | | | | | | | | | | | | | | | | | | | | | | | |
| *(Please type and submit hard copy – fill in text below and print)*  **2021 – 2022** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Name: |  | | | | | | | | | | | | |  | | | | | | | |  | | |
| Last First Middle | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address (present): | | |  | | | | | | | | | | | | | |  | | |  | | |  | |
| # & Street City State Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone# (area code): | | | | | ( |  | | | ) | |  | | - | | |  | | E-mail address: | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address (permanent): | | | |  | | | | | | | | | | | | |  | | |  | | |  | |
| # & Street City State Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone# (area code): | | | | | ( |  | | | ) | |  | | - | | |  | | E-mail address: | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Date of Birth: | |  | | | | | | | | | | | | | | | | Citizenship: |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Social Security#: | | | |  | | | - |  | | - | |  | | | If non-US: visa status: | | | | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | Education ***(\*please provide official transcripts)****:* A Curriculum Vitae may be substituted for this portion of the application as long as it covers the information requested in numbers 2-8. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |
| \*A. | | Postgraduate | | | Inclusive Dates | | | Institution(s) | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | | Fellowships: | | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | | Residencies: | | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | | Internships: | | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
|  | |  |  | |  | | |  | | | | |  |
| \*B. | | Medical: ***(\*Please provide photocopy of medical school diploma)*** | | | | | | | | | | |  |
|  | | Institution(s) | | | Inclusive Dates | | | Degree(s) | | Major | | Minor |  |
|  | |  |  | |  | | |  | |  | |  |  |
|  | |  |  | |  | | |  | |  | |  |  |
|  | |  |  | |  | | |  | |  | |  |  |
| \*C. | | Graduate (non-medical): | | | | | | | | | | |  |
|  | | Institution(s) | | | Inclusive Dates | | | Degree(s) | | Major | | Minor |  |
|  | |  |  | |  | | |  | |  | |  |  |
|  | |  |  | |  | | |  | |  | |  |  |
|  | |  |  | |  | | |  | |  | |  |  |
| \*D. | | Undergraduate: | | | | | | | | | | |  |
|  | | Institution(s) | | | Inclusive Dates | | | Degree(s) | | Major | | Minor |  |
|  | |  |  | |  | | |  | |  | |  |  |
|  | |  |  | |  | | |  | |  | |  |  |
|  | |  |  | |  | | |  | |  | |  |  |
| \*E. | | State(s) in which you are licensed: | | 1. | |  | 2. |  | 3. | |  | |  |
|  | | | | | | | | | | | | |  |
| 3. | Recent Employment: | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |  |
| 4. | Describe any areas of special interest (undergraduate or graduate level) in which you have worked: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |
| 5. | Honors (list all academic and professional honors conferred): | | | | | |  | | | | | | |
| * . |  | | | | | | | | | | | |  |
| * . |  | | | | | | | | | | | |  |
| * . |  | | | | | | | | | | | |  |
| * . |  | | | | | | | | | | | |  |
| * . |  | | | | | | | | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 6. | Academic and professional publications: | |  | | | |
|  | | | | | |  |
| 7. | Research work (describe past and current research not covered in #6): | | |  | | |
|  | | | | | |  |
| 8. | Academic and professional organizations (list memberships, past and present): | | | |  | |
|  | | | | | |  |
| 9. | Have you ever left school, internship, residency, or fellowship for any reason other than the expiration of the usual term? If so, please clarify: | | | | | |
|  | | | | | |  |
| 10. | List as references three (3) persons with whom you have worked professionally, including your residency program training director. Arrange to have original letters from these people sent directly to the fellowship program director. | | | | | |
|  | | | | | |  |
| Reference | | Position | Institution | Location | Dates of Contact |  |
| * . |  | | | | |  |
| * . |  | | | | |  |
| * . |  | | | | |  |
| * . |  | | | | |  |
| * . |  | | | | |  |
|  |  | | | | |  |
| 11. | Personal Statement: Attach an extra page for a typewritten description (approximately 500 words) of the development and current direction of your interest in addiction medicine and your reasons for applying to this program. | | | | | |
|  |  | | | | | |
| 12. | USMLE/COMLEX Scores: Please arrange for the National Board of Medical Examiners to send an official copy of your United States Medical Licensing Exam (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX) steps I, II and III score(s). If you are enrolled in an AAMC approved medical school in the US or Canada, we will accept a copy of your school’s report of your scores provided it is verified as a true copy by the Registrar and stamped with the school seal. | | | | | |
|  |  | | | | | |
| 13. | Transcripts: Arrange for official transcripts to be sent from the Registrar’s Office of all medical institutions attended. Also, we will appreciate your sending a recent photograph of yourself (2”x3”) as well. | | | | | |

**Applications and supporting documents should be addressed to:**

Samuel Martin, MD, Fellowship Program Director

Oklahoma State University Center for Health Sciences

Department of Psychiatry and Behavioral Sciences

1111 West 17th Street

Tulsa, OK 74107-1898

|  |  |
| --- | --- |
|  | *After receipt of your completed application and three (3) letters of recommendation, your application will be reviewed by the program director and you will be notified regarding an interview.* |

|  |  |  |
| --- | --- | --- |
|  | Signature: |  |
|  | | |
|  | Date: |  |