*University of Pittsburgh School of Medicine Department of Psychiatry*

# Western Psychiatric Institute and Clinic

**Residency Training Application**

# 1-Year Addiction Psychiatry Fellowship Program

NAME

SOCIAL SECURITY NO. PRESENT ADDRESS

*Attach recent photograph here*

Please attach a current Curriculum Vitae and a one page personal statement to this application and send it to:

Antoine Douaihy, M.D.

Director, Addiction Psychiatry Fellowship Program

WPIC

3811 O’Hara Street

Suite # 1059 Pittsburgh, PA 15213

TELEPHONE: DAY EMAIL

PERMANENT ADDRESS

TELEPHONE: DAY EMAIL

EVENING

EVENING

VISA REQUIRED YES NO

**Applying for training to begin (month/yr): Medical education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical School(s) | City | State | From (mo/yr) | To (mo/yr) |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| USMLE Step 1: Score: Date: | ***For graduates of international medical schools ONLY:*** |
| Step 2: Score: Date: | ECFMG Certificate No. Valid till: |
| Step 3: Score: Date: | Certificate obtained by passing what exam? |
| Other Exams (*specify*): | Visa status *(if applicable):* |

**Internships / Residencies / Fellowships**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital(s) | From (mo/yr) | To (mo/yr) | Type of Service, (ie Academic etc) |
| Name |  |  |  |
| City State |  |  |  |
| Name |  |  |  |
| City State |  |  |  |
| Name |  |  |  |
| City State |  |  |  |

**Areas of clinical or research interests**

**Other interests**

*Page 1 of 2*

Meeting with specific residents / faculty *(please list):*

Any other interests you wish to explore at WPIC *(postdoctoral fellowships, etc.):*

Special needs for spouse / significant other *(please specify):*

[5/11] University of Pittsburgh School of Medicine - Psychiatry Name:

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**Honors/Awards**

**CSVs Completed,** (if PGY1 after 7/2007) **Electives Completed/Planned**

**Dates and examiner names**

**Undergraduate / Graduate / Postgraduate Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School(s) | From (mo/yr) | To (mo/yr) | Major | Degree (if any) |
| Name |  |  |  |  |
| City State |  |  |  |  |
| Name |  |  |  |  |
| City State |  |  |  |  |
| Name |  |  |  |  |
| City State |  |  |  |  |

|  |  |
| --- | --- |
| **Service Obligations / Personal History (must answer)** |  |
| * Required to fulfill any service obligations (NHS Corps, Armed Forces scholarships, etc.)?
* Convicted of a felony?
* Dismissed from college/medical school for behavioral/academic reasons?
 | YesYes Yes | NoNo No |

*If you answered Yes to any of these questions, please explain fully on a separate sheet*

**References (please see Application Instructions for required types of references)**

***TRAINING DIRECTOR OF GENERAL PSYCHIATRY PROGRAM***

NAME & TITLE INSTITUTE ADDRESS

***OTHER REFERENCES*** NAME & TITLE INSTITUTE

ADDRESS

NAME & TITLE INSTITUTE ADDRESS

NAME & TITLE INSTITUTE ADDRESS

Signature of Applicant Date