

10. List any honors received during your pre-medical or medical education (*not listed on CV*). Include societies, medical course honors, awards and scholarships.

11. Licensure/Certificates/Permits:

State	Number	Dates

Have you ever been reprimanded, or had your license suspended or revoked in any state? ☐ yes ☐ no If yes please explain

Have you ever been named in and/or had a judgement against you in a medical malpractice legal suit? ☐ yes ☐ no If yes please explain

12. List any published clinical or research papers (*not listed on CV*), by authors, title, journal, volume, page and year.

13. Please list any board certifications.

Board	Area of Certification	Date of Certification

15. Please indicate numerical results for the USMLE/Comlex or NBME and provide an official copy of your test scores:

Score / % tile Part I: _____ / _____ Part II: _____ / _____ Part III: _____ / _____

ECFMG (if applicable): Date: _____ Results: _____

Date: _____ Results: _____

Date: _____ Results: _____

ECFMG certificate #: _____

16. Does your school elect to AOA? _____ When were you elected? _____ Are you an AOA member? _____

PROCEDURE FOR FILING APPLICATION

5th – 6th LEVEL AND FELLOW APPLICANTS

With application include : Your current CV • Official copy of test scores from USMLE/Comlex or NBME
International Graduates: Notarized copy of Valid ECFMG certificate • Notarized copy of Medical school Diploma (*with English translation*)

To process the application : We require a transcript from your Medical School and at least three letters of recommendation. One must be from your current Program Director. The other two can come from the following: Chairman of Department, Chief of Service, other Department Heads or Faculty within your program.

Fellowship Program Director Jennifer Bowers, MD

Mail Applications To: Saundra Thomas
Fellowship Program Coordinator
Office of the Chief Medical Examiner
400 E. Jackson St, Richmond, VA 23219-3694

Have you applied to this program previously?: ☐ Yes ☐ No If yes, what year _____

What are your preferred interview dates? _____

I hereby certify that all of the information on this application is accurate and complete to the best of my knowledge, and attest the same to any documentation received in regards to my application. I understand that accepting more than one fellowship position constitutes a violation of professional ethics and may result in the forfeiture of all positions.

Signature: _____

Date: _____