

Rosalind Franklin University of Medicine and Science

Application for Teaching Fellowship

Directors: Patrick Knott, PhD, PA-C John Tomkowiak, MD
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To Fax Application Materials: (847) 578-8690

To Email Application Materials: Patrick.Knott@RosalindFranklin.edu

Name _____
Last First M.I.

Email Address: _____

Current Address _____
Street City

State Zip Code Phone

Permanent Address _____
Street City

State Zip Code Phone

Gender: Male Female

Clinical Training: MD DPM Physician Assistant Nurse Practitioner _____

Program or School Attending (ed): _____

(Anticipated) Graduation : _____
Month/Yr.

Other Education:

Undergraduate College _____

Degree Obtained _____ Major _____ Graduation Year _____

Undergraduate College _____

Degree Obtained _____ Major _____ Graduation Year _____

Graduate College _____

Degree Obtained _____ Major _____ Graduation Year _____

Graduate College _____

Degree Obtained _____ Major _____ Graduation Year _____

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Are you currently Board Certified in your specialty? No Yes Board Eligible

If not, when do you plan to take the test: _____

Do you currently hold a clinical/professional license in any state? No Yes _____
State(s)

Were you ever required to leave any college, graduate or professional school or ever denied readmission because of deficiencies in either conduct or scholarship? No Yes (Explain below)

Have you ever been convicted of a felony, or pleaded nolo contendere (no contest) to a felony in any state, or had a professional license revoked? No Yes

Letters of Recommendation

Please list at least two persons who will be sending letters of recommendation on your behalf.
(Note, one must be from your Academic Program Director or Dean)

Name	Title	Daytime Phone Number

Resume: Please attach your resume to this application.

Personal Statement:

Please attach a one-page essay explaining why you are applying, what you expect to gain from a teaching fellowship, and how your training up to this point has prepared you for this challenge.

I certify that the information in this application is complete and correct to the best of my knowledge and belief.

Signature

Date