UNIVERSITY OF PUERTO RICO ● UNIVERSIDAD DE PUERTO RICO
MEDICAL SCIENCES CAMPUS ● RECINTO DE CIENCIAS MÉDICAS
SCHOOL OF MEDICINE ● ESCUELA DE MEDICINA

PROGRAMA DE ADIESTRAMIENTO EN NEFROLOGÍA
NEPHROLOGY FELLOWSHIP

Nephrology Training Program

FELLOWSHIP APPLICATION

Photo 2 x 2

Name: _____ SS: _____

Application for Academic Year: _____

EDUCATION: (Include all academic and professional education beyond High School including college, medical education, internship, residency, technical training).

EDUCATION	NAME OF INSTITUTION OR LOCATION	DEGREE OR SPECIALTY	FROM	TO
MED-SCHOOL				
INTERNSHIP				
RESIDENCY				

CURRENT/ PRIOR TRAINING / EXPERIENCE:

INSTITUTION & LOCATION	DATES ATTENDED

UNIVERSITY OF PUERTO RICO ● UNIVERSIDAD DE PUERTO RICO
MEDICAL SCIENCES CAMPUS ● RECINTO DE CIENCIAS MÉDICAS
SCHOOL OF MEDICINE ● ESCUELA DE MEDICINA

PROGRAMA DE ADIESTRAMIENTO EN NEFROLOGÍA
NEPHROLOGY FELLOWSHIP

PUBLICATIONS / PRESENTATION (INCLUDE TITLE, JOURNAL PUBLISHED, DATE, AWARD RECEIVED)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PERSONAL INFORMATION:

Date of Birth: _____ / _____ /_____ Place of Birth: _____ Age: _____ Sex: _____

Do you Speak and write Spanish? Do you speak and write English? Other language: _____

☐ speak ☐ speak
☐ write ☐ write
☐ both ☐ both

United States Citizenship: ☐ YES ☐ NO If not U.S. citizen write Visa symbol: _____

Civil Stats: ☐ married ☐ single

Home Address: _____

_____

Postal Address: _____

_____

UNIVERSITY OF PUERTO RICO ● UNIVERSIDAD DE PUERTO RICO
MEDICAL SCIENCES CAMPUS ● RECINTO DE CIENCIAS MÉDICAS
SCHOOL OF MEDICINE ● ESCUELA DE MEDICINA

PROGRAMA DE ADIESTRAMIENTO EN NEFROLOGÍA
NEPHROLOGY FELLOWSHIP

Telephone: _____ E-mail address: _____
Reference Person: _____

Address of reference person: _____

_____

Telephone: _____ Relationship: _____

MEDICAL LICENCE # _____

Board Certification: ☐ YES (Date: _____) ☐ NO

MEDICAL EXAMINATIONS:

EXAMINATION	STATUS	DATE
USMLE Step 1		
USMLE Step2 CK (Clinical Knowledge)		
USMLE Step 2 CS (Clinical Skills)		
USMLE Step 3		

If Foreign Medical School Graduate, have you taken and approved the ECFMG examination?

☐ YES ☐ NO

ECGMG Certificate Number: _____ Date Issued: _____

Do you have any commitment with the Armed Forces (Berry Plan Program, etc)?

☐ YES ☐ NO Specify: _____

UNIVERSITY OF PUERTO RICO ● UNIVERSIDAD DE PUERTO RICO
MEDICAL SCIENCES CAMPUS ● RECINTO DE CIENCIAS MÉDICAS
SCHOOL OF MEDICINE ● ESCUELA DE MEDICINA

PROGRAMA DE ADIESTRAMIENTO EN NEFROLOGÍA
NEPHROLOGY FELLOWSHIP

HONORS / AWARDS:

MEMBERSHIP IN HONORARY / PROFESSIONAL SOCIETIES:

HOBBIES & INTEREST:

OTHER AWARDS / ACCOMPLISHMENTS:

_____

_____

_____

_____

_____

_____

Do you have or have had any physical or mental illness that might in any way interfere with the proper performance of your duties as a physician?

☐ YES ☐ NO Specify: _____

Have you been convicted of any felony charges?

☐ YES ☐ NO Specify: _____

List below the names of two physicians that have supervised you directly. Request a letter of recommendation from them to be mailed to the address below.

Name: _____

Address: _____

_____

Telephone: _____ Fax: _____

Name: _____

Address: _____

_____

Telephone: _____ Fax: _____

UNIVERSITY OF PUERTO RICO ● UNIVERSIDAD DE PUERTO RICO
MEDICAL SCIENCES CAMPUS ● RECINTO DE CIENCIAS MÉDICAS
SCHOOL OF MEDICINE ● ESCUELA DE MEDICINA

PROGRAMA DE ADIESTRAMIENTO EN NEFROLOGÍA
NEPHROLOGY FELLOWSHIP

MAILING ADDRESS: Ileana Ocasio Meléndez, MD
Director, Nephrology Training Program
Office A-838, School of Medicine, Department of Medicine
Medical Sciences Campus
PO Box 365067, San Juan, P.R. 00936-5067
Tel. 787- 751-6034
Fax. 787-754-1739
E-mail address: ileana.ocasio@upr.edu

CERTIFICATION:

I CERTIFY THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISSING INFORMATION MAY DISQUALIFY ME FROM CONSIDERATION FOR A POSITION.

Signature: _____ Date: _____

REQUIREMENTS FOR APPLICATION:

- Puerto Rico medical license
- Copy of the medical school degree
- Copy of the residency training certificate
- Two letters of recommendation
- An updated Curriculum Vitae - Personal Statement
- Transcription of credits of the undergraduate education (Academic record)
- Transcription of credits of the Medical School (Academic record)
- One recent photo
- Application form
- Step 1, 2, and 3 of the USMLE
- ECFMG Certification, if applicable
- Fluent in Spanish and English languages