

**APPLICATION FOR THE
MATERNAL-FETAL MEDICINE TRAINING PROGRAM**

University of Iowa College of Medicine

Iowa City, Iowa 52242

1. Name _____
(last) (first) (middle)

2. Social Security No. _____ - _____ - _____

3. Date of Birth _____ 4. Birthplace _____

5. U.S. Citizen _____ Non-citizen but permanent resident of U.S. _____

6. If not citizen or permanent resident of U.S., citizen of what country? _____

7. Present mailing address _____

Telephone number and extension: Work _____ Home _____

8. Permanent mailing address _____

Telephone number and extension: _____

9. **EDUCATION**

Name and location of educational institutions attended subsequent to high school (include internship and residency)	Major and minor fields studied	From	To	Degrees obtained, if applicable
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10. **EMPLOYMENT**

Name and location of employers, (including military service)	Position or Title	From	To	Salary

11. List Academic Honors _____

12. Expected source of support:
(A) University of Iowa Maternal-Fetal Medicine Training Program _____
(B) Other Source _____ If other, what is the amount \$ _____

13. List names of specialty boards of which you are a diplomat (or board eligible) and date certified.

14. Names of professional societies of which you are now a member.

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15. List any publications or thesis (include full citation).

16. Briefly summarize your scientific and/or research experience, exclusive of academic courses.

17. Have you had previous training support? (Include scholarships and fellowships).
Yes _____ No _____

If "yes", indicate below

Source

Type or Level

From

To

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18. Please have three (3) letters of reference sent to us and list the three individuals below:

Name

Title

Address

19. Describe your career goals and indicate the relevance of the proposed training of these goals.

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20. Describe in detail your goals for your fellowship training program. Please place special emphasis to any research goals. If you have a research project, please give reasons for its selection and your proposed plan of approach.

Date

Signature of Applicant

A recent photograph is requested

Please address applications and
recommendation letters to:

Jerome Yankowitz, M.D.
Director, Maternal-Fetal Medicine Program
Department of Obstetrics and Gynecology
University of Iowa Hospitals and Clinics
200 Hawkins Drive
Iowa City, IA. 52242-1080