



# APPLICATION FOR FELLOWSHIP IN ADVANCED TRANSPLANT HEPATOLOGY

**NAME** \_\_\_\_\_ **CITIZEN OF** \_\_\_\_\_  
Last Name, First Name, Middle Country

**DATE OF BIRTH** \_\_\_\_\_

**GENDER IDENTIFICATION**  Female  Male  Non-binary  Other: \_\_\_\_\_  Decline to Disclose

**RACIAL AND ETHNIC IDENTIFICATION** (check all that apply)

American Indian  Hispanic or Latinx  
 Alaska Native  White  
 Asian  Other: \_\_\_\_\_  
 Black or African American  Decline to Disclose  
 Native Hawaiian or Other Pacific Islander

**PHONE NUMBER(S)** \_\_\_\_\_  
Cell or Home Office

**ADDRESS** \_\_\_\_\_  
Street City, State and Zip Code

**PERMANENT ADDRESS** \_\_\_\_\_  
Street City, State and Zip Code

**MEDICAL LICENSE NUMBER** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ACADEMIC YEAR FOR WHICH YOU ARE APPLYING** \_\_\_\_\_

**Please email completed application to:**

Danielle Brandman, MD, MAS (Program director)  
Attn: Karen Wong (Program coordinator)  
Division of Gastroenterology  
University of California, San Francisco  
513 Parnassus Avenue, S-357  
San Francisco, CA 94143  
[Karen.Wong3@ucsf.edu](mailto:Karen.Wong3@ucsf.edu)

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Inquiries regarding UCSF's equal opportunity policies may be directed to: Affirmative Action Office, UCSF (415) 476-4752

Please provide a separate CV including education, residency, fellowship, faculty (or other) positions, publications, examinations, and licensures with this application.

**PRESENT AND FUTURE INTERESTS**

On a separate sheet, please summarize in up to 300 words your present interests, career plans, and any additional information that you think will be helpful in processing your application, and identifying a suitable preceptor for your planned fellowship. Also, please define briefly scholarly activities (e.g., research, QI) in which you hope/expect to spend your non-clinical time during a fellowship in this program.

**LETTERS OF RECOMMENDATION**

Please ask three individuals to send a letter of recommendation to Dr. Brandman with an attention to Karen Wong to [Karen.Wong3@ucsf.edu](mailto:Karen.Wong3@ucsf.edu) commenting on your clinical competence, scientific background, achievements, and potential. Please list the name of persons with title/institution who will be providing you with the recommendation letter.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

You will not be invited for an interview until your entire application is complete, including all 3 letters of recommendation.

**DEADLINE FOR APPLICATION:** October 30, 2020