University of California San Francisco



APPLICATION FOR AY2024 FELLOWSHIP IN ADVANCED TRANSPLANT HEPATOLOGY

NAME			ITIZEN OF		
	ast Name, First Name, Middle			Country	
DATE OF BIRTH					
GENDER IDENTIFICATION	FemaleMale	Non-binary	_Other:	Decline to Disclose	
RACIAL AND ETHNIC IDENTIFI American Indian Alaska Native Asian Black or African American Native Hawaiian or Other Pac	Hispa White Other Declir	nic or Latinx			
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 co	ompleted applicatio	on to:		
	University of C 513 Parnas		strator)		

Sophia.Zimmermann@ucsf.edu

"The University of California, San Francisco, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, does not discriminate on the basis of race, color, national origin, religion, sex, or handicap in any of its policies, procedures, or practices. This nondiscriminatory policy covers admission and access to, and treatment and employment in, University programs and activities, including but not limited to, academic admissions, financial aid, educational services, and employment."

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 (3) individuals to send a letter of recommendation to Dr. Brandman with an attention to Sophia Zimmermann (Sophia.Zimmermann@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: Early Spring 2022 - More details to follow