

Application for Admission

2009-2010 Health Policy Fellowship

Please type or clearly print the requested information.

Personal Information

Name _____

Current title and/or current practice status _____

US Social Security Number _____ Birthdate _____

Mailing Addresses

Home _____ Office _____

Home Phone _____ Office Phone _____ Cell Phone _____

E-mail address _____ Fax _____

Preferred Mailing Address _____ Home _____ Office _____

Sex _____ Female _____ Male _____ AOA member _____ Yes _____ No

Cultural Heritage (optional)

_____ African American/Black _____ Native American _____ Asian

_____ Puerto Rican or Mexican American _____ White/Non-Hispanic

How did you learn about the Osteopathic Heritage Health Policy Fellowship?

_____ AOA Convention _____ Former Fellow

_____ Sponsor _____ Other (please specify) _____

Educational and Professional History

List all colleges, graduate, and professional schools attended. If studies are not complete, indicate degree and date expected.

Institution & Location	Years Attended	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List internship and residency programs completed.

Institution & Location	Years Attended	Field(s) of Speciality
_____	_____	_____
_____	_____	_____
_____	_____	_____

List certifications received.

Specialty Board _____ Year _____

Specialty Board _____ Year _____

List and give dates for all academic or professional honors or awards.

Date Award

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List all current or past offices in osteopathic organizations.

Dates Office held Organization

_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe current or past experience in policy formulation at local, state or national levels.

Describe other relevant experiences to be considered.

List all other work experience, beginning with the current or most recent (attach additional sheets if necessary).

Dates Position Employer and Address

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the states in the United States in which you are licensed to practice.

References

Please provide the names, titles, and complete addresses of three persons you have asked for recommendations.

Name _____ Title _____

Organization _____

Mailing Address _____

City/State/Zip _____

Name _____ Title _____

Organization _____

Mailing Address _____

City/State/Zip _____

Name _____ Title _____

Organization _____

Mailing Address _____

City/State/Zip _____

Sponsor

Please provide the name of the organization/institution sponsoring your application.

Organization/Institution _____

Mailing Address _____

City/State/Zip _____

Will your sponsor provide financial support for your travel, room, and/or board? _____ Yes _____ No

Research/Computer Skills

Do you have access to a computer for fellowship purposes? _____ Yes _____ No

If yes, type of computer: _____ Macintosh _____ PC (IBM Compatible)

Do you have access to a laptop computer for travel? _____ Yes _____ No

Please check each of the research/computer skills that you have acquired:

_____ e-mail _____ word processing _____ opening/sending attachments

_____ internet research _____ library research

_____ PowerPoint presentations _____ other (please specify) _____

Academic Credit

Do you wish to apply to Ohio University for 15 quarter hours of graduate credit for completion of Fellowship requirements? Please check the appropriate response below.

_____ Yes, I wish to earn academic credit for study.

_____ No, I only wish to earn AOA CME credit.

Statement of Purpose

Describe briefly your reasons for seeking education in the field of health policy. Indicate health policy areas of particular interest.

To the best of my knowledge, the information provided in this application, including all schools attended, is accurate. I understand that misrepresentation of any portion of this application may be cause for canceling admission.

Signature _____ Date _____

Applications are encouraged by women, minorities, veterans, and persons with disabilities.

Please fax to (740) 593-1730 or mail to:

Health Policy Fellowship
Ohio University College of Osteopathic Medicine
307 Grosvenor Hall
Athens, OH 45701

Applications must be received by: **May 22, 2009**