

Yale University School of Medicine
REPRODUCTIVE ENDOCRINOLOGY FELLOWSHIP APPLICATION

Name of Applicant _____
Last *First* *Middle*

Address _____

Phone: _____ Email: _____

(Affix Photo Here)

Education Experience

	<u>Institution Name</u>	<u>City & State</u>	<u>Dates Attended</u>	<u>Type of Program</u> <u>Degree Received</u>
Colleges	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Pre-Med	_____	_____	_____	_____
Medical School	_____	_____	_____	_____
Internship (1 st Yr)	_____	_____	_____	_____
Residency	_____	_____	_____	_____
Other Experience	_____	_____	_____	_____

* Research Experience _____

* Professional Goals _____

In what way will a Reproductive Endocrine Fellowship help you to attain your professional goals? Please attach a separate sheet if you need more space.

USMLE Scores	CREOG Scores ** (composite)
Part I _____	Post Grad. Year II _____
Part II _____	Post Grad. Year III _____
Part III _____	Post Grad. Year IV _____

* Attach additional pages, if necessary

** You may attach a copy of the section scores if you wish. This information is optional, at the applicant's discretion.

Procedure: *Enclose with completed application a passport size photo attached, curriculum vitae and three (3) letters of recommendation (from your chairman and two other appropriate professionals who have observed your work). Address all correspondence to:*

Lubna Pal, MBBS, MSC, FRCOG, FACOG
Fellowship Program Director
Yale Reproductive Endocrinology and Infertility
Department of Obstetrics, Gynecology and Reproductive Sciences
Yale Fertility Center
150 Sargent Drive, 2nd Floor
New Haven, CT 06511

***** APPLICATION DEADLINE – JUNE 30th *****