



## University of Michigan Addiction Psychiatry Fellowship Program

Please download this application and **type** in your responses.  
Enter your name on each page of this application.

**Eligibility Criteria: Successful completion of an ACGME accredited Psychiatry General Residency and must be eligible for permanent medical licensure in the State of Michigan.**

### Section I – Personal Data

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial: \_\_\_\_\_

#### ***Home Address***

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Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

#### ***Contact Information (place an "x" next to your preferred contact number/email)***

\_\_\_ Home Telephone:  
\_\_\_ Work Telephone:  
\_\_\_ Cell:  
\_\_\_ Pager:  
\_\_\_ Email:

#### ***Citizenship Status (place an "x" next your selection)***

\_\_\_ U.S. Citizen  
\_\_\_ Permanent Resident  
\_\_\_ J1 Visa; ECFMG Number: \_\_\_\_\_  
\_\_\_ Other, please describe:

**Section II – USMLE Scores (Indicate raw totals and percentiles):**

Step I \_\_\_\_\_  
 Step II \_\_\_\_\_  
 Step III \_\_\_\_\_

**Section III – Education**

Education	Institution	City/State	Dates of Attendance	Degree Awarded
College				
Medical School				
Graduate School				
Internship				
Residency				

**Section IV – Licensure**

State	Issue Date	Expiration Date	Number

1. Have you ever been denied a license, permit or privilege of taking an examination by any licensing authority? Yes \_\_\_ No \_\_\_
2. Have you ever had a license encumbered in any way (i.e., revoked, suspended, surrendered, restricted, limited, placed on probations)? Yes \_\_\_ No \_\_\_
3. Have you ever been named in a malpractice suit? Yes \_\_\_ No \_\_\_

*If you answered "Yes" to any of these questions, you must attach and sign a detailed explanation.\**

**Section V – Certification**

Board:

Year Certified:

**Section VI – Personal Statement**

Attach a separate letter of interest in Addiction Psychiatry and the training program. Include a description of your career goals after you complete your fellowship training in this personal statement and address this to Dr. Kirk Brower, MD., Program Director.

**Section VII – References**

A minimum of three **original** letters of recommendation are required for application to the University of Michigan Addiction Psychiatry Fellowship Program. One letter must be received from the Program Director of every accredited U.S. residency in which you have served; additional letters are your choice. Please note that letters should address your clinical knowledge and skills. *List your references below:*

<b>Name</b>	<b>Title/Institution</b>
<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
Additional Letters:	

**SECTION VIII – Additional Documentation**

- Curriculum Vitae – please attach a copy

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 Signature

Date

Please return the application and attachments to:

Kirk Brower, MD  
 Program Director  
 University of Michigan  
 Addiction Psychiatry Fellowship Program  
 4250 Plymouth Road  
 Ann Arbor, MI 48109-5740

Please also email the cv and application to:

Carol Skala  
 Program Coordinator  
 Email: [carolska@med.umich.edu](mailto:carolska@med.umich.edu)