

**Atrium Health
Carolinas Medical Center**

**Non-ACGME
Clinical and Research Hepatology Fellowship**

TRAINING PROGRAM APPLICATION

**Applications will be accepted
August 1 – Nov 30**

Interviews will be held in December

**Please send completed application, Personal Statement, Current CV
and 3 Letters of Recommendation to the address below.**

Please email all documents to:

FELLOWSHIP COORDINATOR

Madeleine Michalik, MA
Atrium Health
1000 Blythe Blvd.
Medical Education Bldg. 5th Floor
Charlotte, NC 28203

Telephone: 704-355-7479
Fax: 704-355-7626
madeleine.michalik@atriumhealth.org

Profile of the Program Director:

Mark Russo, MD MPH FACG AGAF received his Medical Degree from the Mount Sinai School of Medicine in Manhattan and his Masters in Public Health from School of Public Health at The University of North Carolina. He completed his training in Gastroenterology and Transplant Hepatology at The University of North Carolina. He was faculty in the liver transplant programs at Columbia Presbyterian Hospital in Manhattan and The University of North Carolina where he earned the rank of Associate Professor of Medicine. He is currently the Medical Director of Liver Transplantation at Carolinas Medical Center. His research interests include viral hepatitis, liver transplant, hepatocellular carcinoma and drug-induced liver injury. He has published over 70 peer-reviewed publications and 5 book chapters.

General Overview:

The Hepatology Clinical and Research Fellowship at Carolinas Medical Center is designed to provide the Fellow a year of clinical training in hepatology and transplant hepatology liver as well as the opportunity to conduct research. A goal after successful completion of the fellowship is for the candidate to be competitive for GI fellowship.

Candidates are required to have completed an ACGME-accredited residency in internal medicine and they must be board eligible or board certified in internal medicine. The duration of the fellowship is one year.

The educational component of the Fellowship revolves around local conferences conducted at Carolinas Medical Center, which include Medical Grand Rounds, Liver Pathology Conference, weekly transplant selection conferences, Liver-GI Journal Club, and monthly hepatobiliary conferences. Regional conferences include Carolinas Medical Center's CME Liver Course. Fellows attend at least one national conference.

Fellows will also work with other members of the liver faculty which include Philippe Zamor, MD, Steven Zacks, MD (GI PD), Paul Schmeltzer, MD, and Andrew deLemos, MD.

Carolinas Medical Center has an ACGME-accredited Gastroenterology Fellowship Program.

**Atrium Health
Carolinas Medical Center
TRANSPLANT HEPATOLOGY FELLOWSHIP APPLICATION
HEPATOLOGY RESEARCH FELLOWSHIP APPLICATION**

Please Print Clearly

PERSONAL DATA

| | | |
|-----------|------------|--------|
| Last Name | First Name | Middle |
|-----------|------------|--------|

Permanent Address: _____

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|----------------|----------------|
| Home Telephone | Work Telephone |
|----------------|----------------|

| | |
|--------|--|
| E-mail | |
|--------|--|

Country of Citizenship

Is the applicant a US citizen?

Yes No

If no, is the applicant a permanent resident or possess a student or training visa?

Permanent resident of the U.S.

Visa – Type and number: _____

Start Date: _____ Expiration Date: _____ Eligible for renewal? Yes _____ No _____

Current employer or GME Program: _____

Location: _____

USMLE SCORES**Step I:****Step II:****Step III:**

Raw/Percentile

Raw/Percentile

Raw/Percentile

| EDUCATION | NAME OF INSTITUTION | LOCATION | DATES OF ATTENDANCE | DEGREE AWARDED |
|------------------------------|----------------------------|-----------------|----------------------------|-----------------------|
| College | | | | |
| Medical School | | | | |
| Graduate School | | | | |
| POSTGRADUATE TRAINING | NAME OF INSTITUTION | LOCATION | DATES OF ATTENDANCE | DEGREE AWARDED |
| Internship | | | | |
| Residency | | | | |
| Fellowship | | | | |

Licensure:

| STATE | DATE OF ISSUE | EXPIRATION DATE | NUMBER |
|--------------|----------------------|------------------------|---------------|
| | | | |
| | | | |
| | | | |

Have you ever been denied a license, permit or privilege of taking an examination by any licensing authority?

_____ Yes _____ No

Have you ever had a license or permit encumbered in any way (i.e., revoked, suspended, surrendered, restricted, limited, placed on probation?)

_____ Yes _____ No

Have you ever been named in a malpractice suit? _____ Yes _____ No

(If you answered yes to any of these questions, please attach a detailed explanation.)

CERTIFICATION

Board

Year of Certification

HONORS

Attach a separate page if necessary

Attach a personal statement of why you are interested in this position.

REFERENCES

Three letters of recommendations are required.

How did you learn of this fellowship program? _____