

# Wake Forest Baptist Medical Center Obesity Medicine Fellowship Application

## **Personal Information**

### **Contact Information**

First Name:

Middle Name

Last Name

Last 4 digits of SSN

Preferred Phone

E-mail

### **Address**

Current Mailing Address

City, State, Postal Code

Country

### **Citizenship Information**

Are you a US Citizen Yes No

If you are not a U.S. Citizen, list citizenship status

### **Military Information**

Are you committed to fulfill a U.S. military active duty service obligation/deferment? Yes No

If yes, number of years remaining?

Branch

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## **Biographical Information**

Gender

Birth Place

Date of Birth

## **Education**

Medical School (school, location, degree(s) and dates.

Residency (institution, location and dates

## **Self Identification**

This section allows you to indicate how you self-identify. If you prefer not to self-identify, please ignore this section.

Choice 1

Choice 2

How do you identify yourself?

American Indian of Alaskan

Native Asian

Black or African American

Hispanic/Latino

Native American/Pacific

Islander White/Caucasian

## **Language Fluency**

What languages do you speak?

## **Licensure**

Please list your state medical license(s), license number and expiration

## **Additional Information**

Has/was your medical education training extended or interrupted?

If yes, please explain

Has your medical license ever been suspended/revoked/voluntarily terminated?

If yes, please explain

Have you ever been named in a malpractice case?

If yes, please explain

Is there anything in your pasty history that could limit your ability to be licensed or would limit your ability to receive hospital privileges?

If yes, please explain

Have you ever been convicted of a misdemeanor in the United States?

If yes, please explain

Have you ever been convicted of a felony in the United States?

If yes, please explain

Are you Board Certified?

If yes, Board Name and Date Certified

I certify that the information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration of this position.

**In addition to this application, please submit the following information to:  
obesitymedicine@wakehealth.edu**

- Current Curriculum Vitae**
- Personal Statement**
- Two to three letters of recommendation**

**Contact Information:**

**Jennifer Hinson  
Fellowship Program Coordinator  
jhinson@wakehealth.edu**