

**Vera Moulton Wall Center for Pulmonary Vascular Disease  
Stanford University Medical Center  
eBay Fellowship in Pulmonary Vascular Disease**

Fellowship Dates: July 1, 2010 to June 30, 2011

**INSTRUCTIONS:** Applications should be addressed to Wall Center, Roham Zamanian, MD, Interim Fellowship Director, 770 Welch Road, Suite 400, Palo Alto, CA 94304. Attention: Lori Barth. For questions please call 1-800-640-9255 or 650-721-6510.

A complete application consists of:

1. This form
2. Your curriculum vitae
3. A personal statement
4. Three letters of recommendation

*Please type. Complete all fields even though you will attach your curriculum vitae.*

Name in full _____	
Present Address _____	
City _____	State _____ Zip _____
Permanent Address _____	
City _____	State _____ Zip _____
Phone _____	Alternate Phone _____
Fax _____	e-mail _____
Citizenship _____	
Visa Status (if non US citizen) _____	
Medical Licenses:	
State: _____	Number: _____
_____	
_____	
_____	
<div data-bbox="977 1570 1409 1927" style="border: 1px solid black; padding: 20px;"><p><i>Attach recent photograph (optional)</i></p></div>	

Name of Applicant: \_\_\_\_\_  
Last First Middle

**EDUCATION AND EXPERIENCE:**

Current Position: Resident: \_\_\_\_\_  
Other specify: \_\_\_\_\_

**EDUCATION:** **INSTITUTION AND DATES:**  
Medical School \_\_\_\_\_  
Internship \_\_\_\_\_  
Residency \_\_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

National Board and State Board Examinations (dates taken) \_\_\_\_\_

Scores (if available) \_\_\_\_\_

Present membership in organizations (scientific, professional, others)  
\_\_\_\_\_

Research experience (If reprints or abstracts of this work are available please enclose)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note the Stanford University Medical Center is committed to increasing representation of women and members of minority groups in its fellowship training programs and encourages applications from such individuals.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Confidentiality of Recommendations:**

While non-confidential letters of recommendation will be accepted and carefully considered, confidential letters may provide a more candid, and therefore more useful, assessment of the applicant's qualifications and abilities. Applicants are therefore invited, but not required, to sign the following waiver.

I understand that letters of recommendation concerning me are to be written and maintained in confidence, and I expressly waive any rights that I might have to access to such letters under the Family Educational Rights and Privacy Act of 1974, or under any other law, regulations or policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not agree to this waiver:

Signature \_\_\_\_\_ Date \_\_\_\_\_