



**Stanford** | Department of Psychiatry  
**MEDICINE** | and Behavioral Sciences

**Application for Appointment  
Addiction Medicine Fellowship Program  
Department of Psychiatry and Behavioral Sciences  
Stanford University School of Medicine**

**July 01, 2023 – June 30, 2024**

1. Name: \_\_\_\_\_  
Last First Middle

Address  
(present): \_\_\_\_\_  
# & Street City State Zip Code

Telephone# (area code): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address  
(permanent): \_\_\_\_\_  
# & Street City State Zip Code

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If non-US: visa status: \_\_\_\_\_

**2. Education (\*please provide official transcripts): A Curriculum Vitae may be substituted for this portion of the application as long as it covers the information requested in numbers 2-8.**

\*A. Postgraduate Inclusive Dates Institution(s)

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Fellowships: Inclusive Dates Institution(s)

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Residencies: Inclusive Dates Institution(s)

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Internships: Inclusive Dates Institution(s)

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\*B. Medical: (***\*Please provide photocopy of medical school diploma***)

Institution(s) Inclusive Dates Degree(s) Major Minor

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\*C. Graduate (non-medical):

Institution(s) Inclusive Dates Degree(s) Major Minor

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\*D. Undergraduate:

<u>Institution(s)</u>	<u>Inclusive Dates</u>	<u>Degree(s)</u>	<u>Major</u>	<u>Minor</u>
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\*E. State(s) in which you are licensed:

1.	2.	3.
_____	_____	_____

**3. Recent Employment:**

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**4. Describe any areas of special interest (undergraduate or graduate level) in which you have worked:**

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**5. Honors (list all academic and professional honors conferred):**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**6. Academic and professional publications:**

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**7. Research work (describe past and current research not covered in #6):**

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**8. Academic and professional organizations (list memberships, past and present):**

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**9. Have you ever left school, internship, residency, or fellowship for any reason other than the expiration of the usual term? If so, please clarify:**

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**10. List as references three (3) persons with whom you have worked professionally, including your current Training Director. Arrange to have original letters from these people sent directly to the Training Director.**

<u>Reference</u>	<u>Position</u>	<u>Institution</u>	<u>Location</u>	<u>Dates of Contact</u>
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**11. Personal Statement: Attach an extra page for a typewritten description (approximately 500 words) of the development and current direction of your interest in addiction medicine and your reasons for applying to the Stanford program.**

**12. USMLE Scores: Please arrange for the National Board of Medical Examiners to send an official copy of your United States Medical Licensing Exam (USMLE) steps I, II and III score(s). If you are enrolled in an AAMC approved medical school in the US or Canada, we will accept a copy of your school's report of your scores provided it is verified as a true copy by the Registrar and stamped with the school seal.**

**13. Transcripts & MSPE: Arrange for official transcripts and the Dean's letter (MSPE) to be sent from the Registrar's Office of all medical institutions attended. Also, please send a recent photograph of yourself (2"x3").**

**Applications and supporting documents should be sent electronically to:**

[romola@stanford.edu](mailto:romola@stanford.edu)

Romola L. Breckenridge, Program Coordinator  
Addiction Medicine Fellowship Program  
Department of Psychiatry and Behavioral Sciences  
Stanford University School of Medicine  
401 Quarry Road, Room 2208  
Stanford, CA 94305-5723

*After receipt of your completed application and three (3) letters of recommendation, your application will be reviewed by the Selection Committee and you will be notified regarding an interview.*

**14. Applicants may voluntarily identify their racial/ethnic background; failure to self-identify will not prejudice the application.**

Black

American Indian or Alaskan Native

Caucasian

Asian or Pacific Islander

Hispanic - Mexican/American or Chicano

Hispanic - Puerto Rican

Hispanic - Other Hispanic

Other (Please  
Specify):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_