

**Kaiser Permanente Northern California
Delivery Science Fellowship Program**
Application Form

NAME _____

PROFESSIONAL DEGREE(S) _____

CURRENT POSITION and INSTITUTION _____

MAILING ADDRESS _____

TELEPHONE _____ E-MAIL _____

YEAR IN WHICH YOU WISH TO ENTER FELLOWSHIP July 1, _____

PLEASE ENCLOSE

- *Curriculum vitae*
- Personal statement, limited to two pages, explaining your career goals, how the fellowship program would further these goals, and the type of research questions you would like to address

Please list the 3 persons (and their positions and institutions) whom you have asked to send reference letters. Reference letters should be sent directly to DOR-Fellowship@kp.org by the author.

1. _____

2. _____

3. _____

SIGNATURE _____ DATE _____

APPLICATION DEADLINE: September 15 of the year prior to admission

Please submit your application materials by e-mail to DOR-Fellowship@kp.org.

For questions please contact:

Karen Estacio

510.891.5960

DOR-Fellowship@kp.org

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1. How did you hear about the Fellowship opportunity?

2. Are you interested in a Clinical Informatics emphasis? : Yes No

3. Are you interested in the option of a concurrent MPH from UC Berkeley as part of the Fellowship?

Yes* No Not applicable

*If Yes, may we share your name, contact information, CV and interest with our UC Berkeley School of Public Health liaison? Yes No

4. Are you eligible to work in the US during the Fellowship period?

Yes No

5. Are you interested in a potential concurrent clinical practice schedule as part of the Fellowship?

Yes* No Not applicable

*If Yes:

a. In what specialty or specialties? _____

b. In the Outpatient, ED or Inpatient setting? _____