



Application for Fellowship

Thank you for your interest in being nominated for Fellowship in The College of Physicians of Philadelphia. Fellows of the College are part of a distinguished legacy of leaders who for over 200 years have served the mission of “advancing the cause of health while upholding the ideals and heritage of medicine.” The nomination process begins with sponsorship by two members of the current Fellowship. Applicants are asked to complete this application form and provide a *curriculum vitae* and brief bio (< 200 words). Please send inquiries about any aspect of the application process, including seeking sponsorship from current Fellows, and all application materials, to Fellowship@collegeofphysicians.org. If you are not able to email these materials, please mail them to: Fellowship Administrator, The College of Physicians of Philadelphia, 19 South Twenty-Second Street, Philadelphia, PA 19103-3097.

Contact and General Information

_____	_____	_____	_____
<i>First Name</i>	<i>Middle Name or Initial</i>	<i>Last Name</i>	<i>Degree(s)</i>
Preferred Address (Work or Home)		Preferred Telephone (Work, Home, or Mobile)	
_____		_____	
<i>Street Address</i>			
_____		_____	
<i>City, State Zip Code</i>		<i>Email Address</i>	

The College takes into account many criteria in selecting future Fellows, including experience and accomplishment in patient care, scholarship, research, leadership roles in professional societies and public health organizations, and medical humanism. In addition to reviewing your CV and Short biography, the admissions committee welcomes your indicating below which of the listed criteria you feel are most relevant to your candidacy.

- Scholarly and Educational Achievement
- Patient Care
- Research
- Service and Leadership Roles in Health Care Organizations
- Community and Public Health Contributions
- Background in History of Medicine, Medicine and the Arts, Medical Ethics and Law, or other special interests

For Office Use Only: Nominator Name 1: _____ Nominator Name 2: _____
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