

SENIOR FELLOW (0445) / SENIOR FELLOW TRAINEE (0442)
DATA SHEET

Name of senior fellow/senior fellow trainee: last name, first name, middle initial	
Department and Division:	
Birth date:	Employee identification number (if available):
List degrees received (U.S. equivalent if necessary), dates received, names of granting institutions:	
Check appropriate title(s) to be held. <input type="checkbox"/> Senior fellow (0445) <input type="checkbox"/> Senior fellow trainee (0442)	
Appointment dates:	Expected duration of training (# of years):
Will senior fellow/senior fellow trainee hold another appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check.	
<input type="checkbox"/> Resident <input type="checkbox"/> Fellow (0444) <input type="checkbox"/> Acting instructor <input type="checkbox"/> Other (please list)	
Name of supervisor responsible for the educational/training experience:	
Activities (select all that apply): <input type="checkbox"/> Research <input type="checkbox"/> Clinical	
Describe activities to be performed: _____ _____ _____	
Will senior fellow/senior fellow trainee be involved in direct patient care and/or indirect patient care activities that require access to the hospital electronic medical record system (EMR)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, must be credentialed through the Office of Graduate Medical Education.	

Approved by:	
_____ <i>Signature of department chair (or designee)</i>	_____ <i>Date of signature</i>
_____ <i>Signature of School of Medicine</i>	_____ <i>Date of signature</i>