



Center for the Evaluative
Clinical Sciences at Dartmouth



Application to the VA – CECS Outcomes Fellowship

Name _____
last first middle date of Application

Home Address

Business Address (if different)

Telephone

Home () _____

Business () _____

E-mail _____

Fax () _____

Date of Birth _____
month/day/year

Place of Birth _____
city/state/country

Social Security Number _____

Citizenship _____

Please check the appropriate box: Female Male

Undergraduate School(s) _____
Degree Date

Medical School _____
Degree Date

Residency (Specialty) _____
Specialty Location Period

Board Eligibility _____
Specialty Eligible or Certified Date (if certified)

Other Graduate Training _____

To complete the application, please submit to the attention of Jennifer Snide, VA Outcomes (111B). VA Medical Center, 215 North Main St, White River Junction, VT 05009. A personal statement, full curriculum vitae, and three (3) letters of reference should accompany this VA-CECS Outcomes Fellowship application.