

**University Hospitals of Cleveland**

Department of Psychiatry  
W.O. Walker Center  
10524 Euclid Avenue  
Cleveland, Ohio 44106-5080

**Application for Geriatric Psychiatry Fellowship**

**Name:** \_\_\_\_\_ **SS Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Permanent Home Address:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Phone No – Day:** \_\_\_\_\_ **Phone No Evening:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Department of Psychiatry Academic Year, beginning July 2025, for PGY- \_\_\_\_\_ position in Geriatric Psychiatry Residency Program

I am a graduate of: \_\_\_\_\_

with a degree of: \_\_\_\_\_ received in: \_\_\_\_\_.

I will graduate/graduated from: \_\_\_\_\_ School of Medicine

On the day of \_\_\_\_\_, receiving degree of: \_\_\_\_\_

Since graduation, I have served on the following hospital appointments (give dates):

\_\_\_\_\_  
\_\_\_\_\_

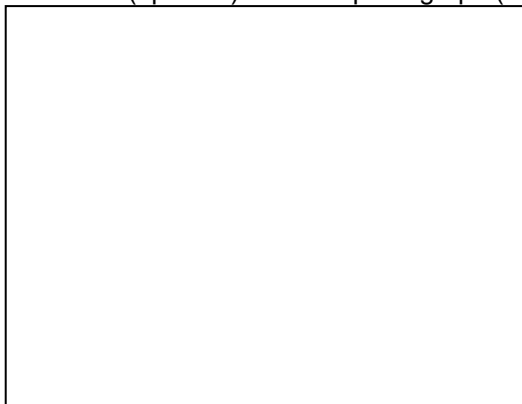
If graduated from a Foreign Medical School, please complete the following (if applicable):

**Type of Visa:** \_\_\_\_\_ (University Hospitals requires a J-1 Visa). Do you intend to apply for US citizenship?  **YES**  **NO** **ECFMG Certificate No:** \_\_\_\_\_

Attach copy of certificate or interim certificate and copy of scores. If you are now in the US, give date and

Port of Entry: \_\_\_\_\_

**PHOTO – (optional)** A recent photograph (black/white, passport size is not a requirement, but is very helpful).



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

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



**Case Western Reserve University / University Hospitals of Cleveland  
Geriatric Psychiatry Residency Training Program**

**Applicant Checklist**

- ❑ Completed, signed, dated application
- ❑ Color photo
- ❑ Personal statement describing the development of your interest in geriatric psychiatry
- ❑ Current CV
- ❑ Letter of recommendation from your present training director
- ❑ 2 additional letters of recommendation from two other attending physicians with whom you have worked
- ❑ Copy of Medical School Degree
- ❑ Medical School Transcripts
- ❑ Deans Letter
- ❑ STEP 1, 2, and 3 scores

**In Addition**

**For Foreign Applicants**

- ❑ Current Visa Status
- ❑ ECFMG Certificate
- ❑ Return all documents to:

Mary Thompson  
Associate GME Program Administrator  
Geriatric Psychiatry Fellowship & Psychiatry Clerkship  
W.O. Walker Center – 8<sup>th</sup> Floor  
10524 Euclid Avenue  
Cleveland, OH 44106-5080  
[Mary.Thompson@UHhospitals.org](mailto:Mary.Thompson@UHhospitals.org)