



# Wyckoff Heights Medical Center Wound Care Fellowship

## Fellowship Application for the 2023-2024 Fellowship Training Cycle: March 31, 2023

Please submit this application along with the following required materials as one single PDF:

**Completed application with signature**

**CV/Resume**

**Podiatry College Transcript**

**Letter of Interest**

Letter should include why you are applying to this program and what makes you unique and different from any other applicant

**Three (3) recommendation letters**

One (1) letter **MUST** be from current residency program director if you are applying during residency  
All recommendation letters must match the list of references in the application

\*\*\*Submit all of the above to the fellowship program coordinator at: [vnieves@wyckoffhospital.org](mailto:vnieves@wyckoffhospital.org)

## Applicant Information

Applicant's Name:	First Name	Last Name	Middle Initial
Date of Birth:		Place of Birth:	Citizenship:
Mailing Address:	Street Number	Street Name	Apt/Suite No. City State Zip Code
Home Phone Number:		Mobile Number:	
Email Address:			

## Education

**Undergraduate Institution:**

Beginning:	End:
City:	State:

Degree Earned:

Dates Attended:

Location:

**Graduate Institution:**

Beginning:	End:
City:	State:

Degree Earned:

Dates Attended:

Location:

**Podiatry College Institution:**

Beginning:	End:
City:	State:

Degree Earned:

Dates Attended:

Location:

**Post Graduate Residency:**

Beginning:	End:
City:	State:

Dates Attended:

Location:

Certificate Earned:  
(e.g. PSR, PPMR, PMS, PMSR, PMSR-RRA)

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Residency Program Director:

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If residency training included another program different from the program completed above, please indicate name(s) of program(s), dates completed, and residency program director(s).

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## Military Service

Branch:

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From:

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To:

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Rank at Discharge:

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Type of Discharge:

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If other than honorable, explain:

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## Examinations

	Taken (Yes / No)		Pass Date (MM/YYYY)
NBMPE Part 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NBMPE Part 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NBMPE Part 2 Written	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NBMPE CSPE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ABPM Board - Qualification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ABPM Board - Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ABFAS Foot - Qualification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ABFAS Foot - Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ABFAS Reafoot - Qualification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ABFAS Rearfoot - Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Licensure

State Issued:		State Issued:		State Issued:	
License Number:		License Number:		License Number:	
Date Issued:		Date Issued:		Date Issued:	
Exp. Date:		Exp. Date:		Exp. Date:	

## Professional References (to match recommendation letters submitted)

Name:	First Name	Last Name	Suffix
Relationship:			
Phone:			
Email Address:			

Name: 

First Name	Last Name	Suffix
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Relationship:

Phone:

Email Address:

Name: 

First Name	Last Name	Suffix
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Relationship:

Phone:

Email Address:

## Legal and Credentialing History

	Yes / No
Do you have a history of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been named in a tort complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had privileges revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had disciplinary action taken against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the above are answered as Yes, please explain in the text box below.

## Acknowledgement

- I certify that the information provided above is true, accurate and complete.*
- If this application leads to selection and employment, I understand that false or misleading information in my application or interview may result in my release

Signature:  Date: