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APPLICATION

**Hospitalist-L&D Advanced Training Program**

for the academic year beginning **August 1, 2025**, and ending **July 31, 2026**

DEPARTMENT OF OBSTETRICS & GYNECOLOGY

MICHIGAN MEDICINE

*Due to Department of Labor prevailing wage regulations, we cannot consider applicants with any type of visa.*

***Application deadline: September 30, 2025***

|  |  |  |
| --- | --- | --- |
| Date of application: |  | Photo(JPEG, etc.) |
| Name: |  |
| Home address: |  |
|  |  |
| Home/Cell phone: |  |
| Email: |  |
| Work address: |  |
|  |  |
| Work phone: |  |
| Nation of citizenship: |  |
| Have you ever been convicted of a crime (felony or misdemeanor)?  |  |
| If yes, please explain: |  |
|  |  |  |
| Residency program: |  |
|  | Attach additional sheet if additional residency programs.  |
| Dates: |  | City and state: |  |
| Department Chair: |  | Phone: |  |
| Program director: |  | Phone: |  |
|  |  |  |  |
| Medical school: |  |
| Dates attended: |  |  |  |

ECFMG certification is required for all graduates of foreign medical schools.

**Demographic Information**

All items on this page are optional and this page will not be included when your application is forwarded to the review committee. Collecting this information helps us ensure that we are doing the work necessary to recruit, retain, and develop a diverse university community.

You can learn more about our university-wide Diversity, Equity, and Inclusion work at <https://diversity.umich.edu/>

**Race/Ethnicity**

[ ]  American Indian or Alaska Native

[ ]  Asian

[ ]  Black or African American

[ ]  Hispanic

[ ]  Native Hawaiian or Pacific Islander

[ ]  White

[ ]  Other

**Gender**

[ ]  Female

[ ]  Male

[ ]  Nonbinary

[ ]  Other

**Disabled**

[ ]  No

[ ]  Yes

**Protected Veteran**

[ ]  No

[ ]  Yes

**Additional documentation required:**

Your application will be considered for the interview process only if the following items are ***submitted no later than September 30, 2025***:

* Complete application including a digital photo (photo can be submitted separately rather than pasted in above)
* Curriculum vitae
* Personal statement (see below)
* Two letters of recommendation (one must be from either the Residency Program Director or Chair) sent directly to the program via email (preferred), fax, or US mail (see below).
* USMLE transcripts
* Medical school transcript

*Be sure to include the following information in your personal statement:*

1. What do you hope to accomplish during your Hospitalist-L&D advanced training program? What clinical knowledge, experience or skills do you wish to acquire?
2. What qualifications and characteristics will you bring to the training program? How will this advanced training year help you meet your long-term goals?
3. What research interests and experience do you have?

All documentation should be forwarded to:

|  |  |
| --- | --- |
| Michigan Medicine Department of Obstetrics and GynecologyAttn.: Maeve Sullivan, Fellowship Administrator1500 E. Medical Center Dr., L4000 UH-SouthAnn Arbor, Michigan 48109-5276 | Phone: (734) 615-3773Fax: (734) 764-7261**Email:** **maeves@med.umich.edu** |

**Email is the preferred mechanism**. If documents are emailed, they do not need to also be faxed and/or sent via US mail.