

## Fellowship Application

Year to Start Fellowship (e.g.: July, 2019): July, \_\_\_\_\_

Which Integrative Medicine Fellowship Track would you like to apply for?

- East-West Primary Care Track
- East-West Consultative Care Track

**CONTACT INFORMATION (please print or type in):**

Name

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Gender (circle):      Male      Female      Contact Number \_\_\_\_\_

Email address: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

Which states and countries are you board certified in? \_\_\_\_\_

How did you hear about the fellowship? \_\_\_\_\_

**Personal Statement:** In a separate document, please answer these questions in no more than 500 words.

- **Why do you want to complete a fellowship at the UCLA Center for East-West Medicine?**
- **What is your interest in Integrative Medicine and/or Chinese Medicine?** (If you have a background in integrative medicine and/or Chinese medicine, please elaborate)

### ACKNOWLEDGEMENT AGREEMENT

1. I acknowledge that all information on this application is true and accurate.
2. Fellowship applications are due by November 1.
3. The review committee takes 2-4 weeks to provide a written response to the applicant. During the review process, a faculty member may contact you via phone to learn more about your background and interest in the fellowship. Applicants selected to proceed to the next step will be invited for an in-person interview in December/January.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed application to [cwem@mednet.ucla.edu](mailto:cwem@mednet.ucla.edu) with subject line: "Fellowship Application"  
with (1) Application, (2) Curriculum Vitae, and (3) Personal Statement  
Please also have at least TWO letters of recommendation emailed to us.