UCLA Center for East-West Medicine

UCLA Health | David Geffen School of Medicine

Fellowship Application

Year to Start Fellowship (e.g.: July, 2023): July, _____

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

East-West Consultative Care Track:

- ☐ Full-time Fellowship: 1.5 years
- ☐ Part-time Community Fellowship: 2 years part-time (40%)

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.
   Fellowship applications are due by December 1.
2. The review committee takes 2-4 weeks to provide a written response to the applicant. During the
3. 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 cewm@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.