



Yale University Graduate School of Arts and Sciences
PO Box 208323, New Haven CT 06520-8323

**INVESTIGATIVE MEDICINE
SUPPLEMENTAL FORM**



Only applicants to the Ph.D. program in Investigative Medicine should complete this form. To be eligible, applicants must have an M.D. degree, completed two or more years of postgraduate clinical training, and must be accepted into a subspecialty program.

For those applicants that predicate their decision about selecting Yale School of Medicine for fellowship or residency, special arrangements will be made.

PERSONAL INFORMATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LAST NAME	FIRST NAME	ONLINE APPLICATION ID #	DATE OF BIRTH

MEDICAL EDUCATION	<input type="text"/>	<input type="text"/>	<input type="text"/>
	INSTITUTION AND LOCATION	DATES ATTENDED (MM/YYYY-MM/YYYY)	DEGREE
MEDICAL EDUCATION	<input type="text"/>	<input type="text"/>	<input type="text"/>
	INSTITUTION AND LOCATION	DATES ATTENDED (MM/YYYY-MM/YYYY)	DEGREE

RESIDENCIES/ FELLOWSHIPS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	INSTITUTION AND LOCATION	PROGRAM DIRECTOR	DATES ATTENDED (MM/YYYY-MM/YYYY)	DISCIPLINE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENCIES/ FELLOWSHIPS	INSTITUTION AND LOCATION	PROGRAM DIRECTOR	DATES ATTENDED (MM/YYYY-MM/YYYY)	DISCIPLINE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENCIES/ FELLOWSHIPS	INSTITUTION AND LOCATION	PROGRAM DIRECTOR	DATES ATTENDED (MM/YYYY-MM/YYYY)	DISCIPLINE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACADEMIC HONORS OR PRIZES RECEIVED	<input type="text"/>
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Please indicate the Department and/or Section at Yale University School of Medicine in which you are enrolled or to which you are applying (if applicable).

DEPARTMENT/SECTIONAL AFFILIATION	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DEPARTMENT	SECTION	WHAT WAS/IS THE START DATE FOR TRAINING AT YALE? (MM/DD/YYYY)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEPARTMENT/SECTIONAL AFFILIATION	CURRENT POSITION AT YALE OR OTHER INSTITUTION	CURRENT ADVISOR AT YALE OR OTHER INSTITUTION	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEPARTMENT/SECTIONAL AFFILIATION	(1) NAME 3 POTENTIAL THESIS ADVISORS	(2) NAME 3 POTENTIAL THESIS ADVISORS	(3) NAME 3 POTENTIAL THESIS ADVISORS
	<input type="text"/>	<input type="text"/>	<input type="text"/>

What is the expected duration of your clinical training requirements at Yale prior to the beginning the Investigative Medicine Program?

Do you have a funding source for the first year of your research training at the Yale University School of Medicine? YES NO

<input type="text"/>	<input type="text"/>	<input type="text"/>
NIH TRAINING GRANT	SECTION/DEPARTMENT	OTHER

RECOMMENDATIONS	Submit recommendations from three persons who can evaluate your academic performance, clinical performance, intellectual ability, research experience, and motivation for a research career. At least one recommendation should originate from your medical school and/or residency program director.
	<input type="text"/>

Do you have any previous research experience? If yes, an additional recommendation letter from your previous research mentor is required. YES NO

<input type="text"/>
NAME OF PREVIOUS RESEARCH MENTOR

GRE scores are not required. List the dates on which you have taken or plan to take the following tests, as applicable. If you already received your scores, list them. Official score reports should be forwarded to the Investigative Medicine Program by January 2, 2007. For information on forwarding your score reports, contact the Federation of State Medical Boards at (817) 868-4041 or <http://www.fsmb.org>

STANDARDIZED TESTS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	USMLE PART 1 DATE	PASS/FAIL	TOTAL SCORE	USMLE PART 2 DATE	PASS/FAIL	TOTAL SCORE	USMLE PART 3 DATE	PASS/FAIL
STANDARDIZED TESTS	<input type="text"/>	<input type="text"/>		<input type="text"/>				
	SUBSPECIALTY (IF AVAILABLE)			DISCIPLINE				