



**DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES**

**35 MEDICAL GROUP MISAWA AIR BASE, JAPAN
FELLOWSHIP TRAINING PROGRAM
2017 APPLICATION**

Name:

Gender

Address:

Name (Kanji):

Address (Kanji):

Email:

Telephone

Home:

Cell:

Hometown:

Date of Birth:

Medical University:

Address:

Telephone:

Graduation date:

(or expected date)

Honors and research:

USMLE Scores

Step 1

Pass

Score:

Step 2

Pass

Score:

Have you ever taken time off or had a leave of absence from your university for medical, psychiatric, or personal reasons? If yes, please explain in detail.

Please tell us about yourself in a personal statement of approximately 1-2 pages in length. Include information about how training at the 35 Medical Group Misawa Air Base relates to your personal goals.

Please save this completed form under the name “Fellowship application 2017 (Your Name).”

Please include a recent photograph of yourself in passport style. Official passport photo not required.

Email completed file as an attachment to 35MDG.Fellowship.Program@us.af.mil