



APPLICATION FOR HEPATOLOGY FELLOWSHIP  
FLORIDA HOSPITAL - LIVER UNIT  
2501 N. Orange Ave., Suite #542  
Orlando, FL 32804  
407.303.3629 phone 407.303.3641 fax

**Please submit application to: Nikolaos T. Pyrsopoulos, MD, PhD, FACP**

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Male  Female

Citizenship: \_\_\_\_\_ Type of Visa: \_\_\_\_\_

Are you able to visit for an interview? Yes  No

I request fellowship to begin (year): \_\_\_\_\_

Duration of training: 1 year  2 years

Research Interests: Clinical Investigation  Basic Research:

Languages (Degrees of Fluency) : \_\_\_\_\_

\_\_\_\_\_

Examinations	Date Passed
ECFMG	_____
TOEFL	_____
Other	_____

<u>Licensure</u>	
State	License No.
_____	_____
_____	_____

EDUCATION	INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE AWARDED
COLLEGE				
MEDICAL SCHOOL				
GRADUATE SCHOOL				

List chronologically your activities from time of graduation from medical school to present. Specify type of internship.

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Special Clinical or Research Experience: \_\_\_\_\_

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Military Service or alternate: \_\_\_\_\_

Membership in Professional Organizations: \_\_\_\_\_

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Publications: \_\_\_\_\_

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References: Three letters of recommendation are required and should be from the Dean of your medical school or chief of your service, and two from physicians who have observed you during internship or supervised you in recent training programs.

List below your three references and ask them to correspond directly to Dr. Nikolaos Pyrsopoulos

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

3. \_\_\_\_\_  
Name Address Phone

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

**PLEASE ATTACH PHOTO WITH APPLICATION**