

Thank you for your inquiry about the Transplant Hepatology Training Program in Gastroenterology at Duke. The Gastroenterology Division at Duke University Medical Center has faculty members with a broad range of interests including basic science and clinical research in Gastroenterology and Hepatology. The program is committed to quality training of future academicians. Facilities are located at Duke University Medical Center. The Transplant Hepatology fellow is exposed to a wide variety of training opportunities.

To apply, the following is required:

- Completion of a 3-year ACGME accredited GI Fellowship
- Board eligible or certified in Gastroenterology with the ABIM
- Completed application
- Current curriculum vitae
- Personal Statement
- Letter of recommendation from GI Fellowship Program Director
- Two letters of recommendation from other GI Fellowship Faculty members
- USMLE scores from Steps 1, 2, & 3
- Brief explanation of any lapses in continuity of training

We are currently recruiting for one Transplant Hepatology fellow for the 2018-2019 academic year. Please direct all application related correspondence to:

Duke University Medical Center
Division of Gastroenterology
Transplant Hepatology Training Program
P. O. Box 3913
Durham, NC 27710
ATTN: Jill M. Rimmer, Program Administrator

Thank you for your interest in the Transplant Hepatology Training Program at Duke University Medical Center. We hope you will find Duke an exciting place to continue your career in Hepatology.

Omobonike O. Oloruntoba Sanders, MD
Associate Professor of Medicine
Director, Transplant Hepatology Training Program
Associate Director, Gastroenterology Training Program

Duke University Medical Center
Application for Transplant Hepatology Training Program
Department of Medicine ~ Division of Gastroenterology

Year of Interest: _____

Full Name: _____
First Middle Last

Preferred Name: _____

Contact/Mailing Address: _____

Preferred Phone #: _____

Alternate Phone #: _____

Email Address: _____

Birth Date: _____

Birth Place: _____

SSN: _____

Citizenship: _____

Visa Type: _____

Education: In reverse chronological order, include all post-high school education (be as specific as possible)

University/Location	Department/Area of Study	Degree Earned (if applicable)	Year Degree Awarded

Prior Training:

	PGY	Institution/Location	Department	Dates
Internship				
Residency				
GI Fellowship				
Other				

Examinations:

	Score	Status	Date
USMLE Step 1			
USMLE Step 2 CK (clinical knowledge)			
USMLE Step 2 CS (clinical skills)			
USMLE Step 3			
Other			

3 letters of recommendation (may be emailed as a PDF directly to Jill Rimmer):

Reference #1 (**GI Fellowship Director**): _____

Reference #2 (GI Fellowship Faculty): _____

Reference #3 (GI Fellowship Faculty): _____

