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
- Three 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

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.

Lindsay Y. King, MD, MPH
Assistant Professor of Medicine
Director, Transplant Hepatology 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)

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### Prior Training:

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4 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):

Reference #4 (Research Mentor):