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.

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		
FIISL	ivildule	Last	
Preferred Name:			
Contact/Mailing Address:			
Preferred Phone #:			
Alternate Phone #:			
Email Address:			
Birth Date:			
Birth Place:			
SSN:			
Citizenship:			
Visa Type:			
Education: In reverse chronological ord	er, include all post-high school education	on (be as specific as possib	le)
University/Location	Department/Area of Study	Degree Earned	Year D

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

Prior Training:				1	
	PGY	Institution/Locat	tion	Departmen	t Dates
Internship					
Residency					
GI Fellowship					
Other					
Examinations:	•				
		Score		Status	Date
USMLE Step 1					
USMLE Step 2 (clinical know					
USMLE Step 2 (clinical skills)					
USMLE Step 3					
Other					
3 letters of rec	ommendat	ion (may be emailed as a	PDF directly	to Jill Rimmer):	
Reference #1 (GI Fellowshi	p Director):			
Reference #2 (0	GI Fellowship	o Faculty) :			
Poforonce #2.4	CI Followski	a Facultul			
Reference #3 (0	oi reliowsnik	racuity):			