National Institutes of Health
Office of Management
Division of International Services
NIH Building 31, Room B2B07
Bethesda, MD 20892-2028
ors.od.nih.gov/pes/dis
Tel (301) 496-6166
Fax (301) 496-0847

TO BE COMPLETED BY INSTITUTE/CENTER

FTE Clinical Fellow Form

TRAINING PROGRAM AND REQUESTED APPOINTMENT INFORMATION

Institute/Center:	Lab/Branch:
Full Training Program Name:	
Program Coordinator Name:	
Training Program ACGME Accredited? (Yes or No): -	Program ID Number (if accredited):
Start Date (Month/Day/Year):	End Date (Month/Day/Year):
PGY Level:	Salary:
Worksite Address and Phone Number:	

PHYSICIAN INFORMATION

Last Name:	Given Name(s):
Date of Birth (Month/Day/Year):	USMLE/ECFMG Number:
Country of Citizenship:	Country of Permanent Residence:
Current Home Address and Phone Number:	

SIGNATURES*

Training Program Director Name:
Training Program Director Signature and Date (Month/Day/Year):
Physician Name:
Physician Signature and Date (Month/Day/Year):

*Scanned wet signatures, PIV signatures, and electronic hand-drawn signatures are acceptable. Type font signatures are NOT acceptable.

Submit this form to DIS with FTE Case Request for the Clinical Fellow