

West Health- UCSD Geriatrics Quality Improvement Science Fellowship Application

Dear applicant:

1. Interviews will be arranged by Program Co-Directors Jon Zifferblatt, MD, MBA from the West Health Institute and Lindsey Yourman, MD from the University of California, San Diego (UCSD). Applicants cannot be interviewed until all application materials, including references, are received.
2. Use the following checklist to complete your application.
 - a. Return these items to the address below:
 - _Fellowship Application (2 pages)
 - _Current Curriculum Vitae
 - _Responses to the following 4 questions, not to exceed 2 pages (0.5 inch margin, 11 pt Arial font):
 1. Prior experience with older adults
 2. Reason you are interested in improving the quality of healthcare for older adults
 3. Overall career and leadership goals as they relate to improving the quality of healthcare for older adults
 4. How you hope this fellowship will help you best achieve these goals
 - b. Copy and deliver a "Confidential Reference Report" (3-page copy attached) to each reference. References should return the report directly to us as soon as possible since applicants will not be interviewed before all reports have been received.

Send to: Jon Zifferblatt, MD, MBA at jzifferblatt@westhealth.org
Lindsey Yourman, MD at lyourman@health.ucsd.edu

West Health- UCSD Geriatrics Quality Improvement Science Fellowship Application

Date of Application:

Year applying for: 2021-22

Name (first, middle, last):

Date of birth:

Permanent Address

Current Mailing Address (if different than above)

Street

City

State

Zip

Phone number (home):

Cell/pager phone number:

Phone number (business):

e-mail address:

Educational Experience (including prior and current fellowships)

Name/Location	Dates of Attendance	Degree
College(s)		
Medical School		
Internship		
Residency		
Geriatrics Fellowship		
Other		

Professional Employment Experience (list current position first)

Dates of Employment	Position or Title	Employer and Location

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Professional Licensure and Certification

License Number:

State:

Date obtained:

Other certification(s):

NPI:

DEA:

Do you foresee any problems in obtaining a California State license?

If yes, please explain:

Are you certified in Geriatric Medicine?

No ___ Yes ___ If yes, then year obtained ___

Are you eligible to take the Geriatrics Medicine Certification exam?

No ___ Yes ___ If yes, then year you plan to take ___

I am aware that this fellowship requires me to provide clinical care to older adults for one day per week at a clinical site determined by the UCSD Division of Geriatrics and Gerontology.

Initials: _____

References

List the names of **two** persons whom you have asked to send letters of recommendation. *We ask that your residency or fellowship program director, current supervisor, and/or department chairperson provides one of your two references.* It is your responsibility to assure that the completed reference forms are received before or shortly after we receive your application.

Name

Title

Address

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CONFIDENTIAL REFERENCE REPORT (Page 1 of 3)

APPLICANT: Please complete this portion and fill in name at top of the reference report pages before presenting to your reference.

Name:

Address

Phone number:

REFERENCE: The above-named applicant has listed you as a reference. We ask your cooperation in responding soon. All replies will be held in strict confidence. Please note that the completed form is not to be returned to the applicant but to the below email addresses. Please keep a copy of your completed form and any accompanying letter you send.

1. Jon Zifferblatt, MD, MBA jzifferblatt@westhealth.org
2. Lindsey Yourman, MD lyourman@health.ucsd.edu

1. **In the space below, please indicate the period of time you have known the applicant and in what capacity.**

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CONFIDENTIAL REFERENCE REPORT (Page 2 of 3)

Applicant's Name:

2. Please rate the applicant by circling the appropriate number which most nearly represents your opinion of the applicant compared with a representative group of individuals you have known who have had approximately the same training and experience.

	Unable to judge	Below average (lowest 25%)	Average (26% - 75%)	Excellent (76% - 90%)	Outstanding (highest 10%)
Motivation/Work ethic	U	1	2	3	4
Initiative	U	1	2	3	4
Ability to meet deadlines	U	1	2	3	4
Maturity	U	1	2	3	4
Clinical ability	U	1	2	3	4
Interpersonal ability with peers	U	1	2	3	4
Interpersonal ability with patients	U	1	2	3	4
Integrity	U	1	2	3	4
Intellectual ability	U	1	2	3	4
Demonstrated originality	U	1	2	3	4
Potential productivity	U	1	2	3	4
Ability to Communicate (written)	U	1	2	3	4
Ability to Communicate (spoken)	U	1	2	3	4
Overall evaluation	U	1	2	3	4

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CONFIDENTIAL REFERENCE REPORT (Page 3 of 3)

Applicant's Name:

3. Please elaborate on the applicant's performance on the basis of which you arrived at your assessments in the previous section. If possible, cite some specific examples of the applicant's performance. You may instead attach a letter if you wish.

Signature of reference	Printed name of reference	Date
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Title	Institution	Phone number
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Thank you for taking the time to provide your assessment of the applicant.

Do NOT return this completed form to the applicant. Please send directly to Jon Zifferblatt, MD, MBA at jzifferblatt@westhealth.org and Lindsey Yourman, MD at lyourman@health.ucsd.edu, keeping a copy for your records.