

FLORIDA/USVI POISON INFORMATION CENTER-JACKSONVILLE
AT UF HEALTH JACKSONVILLE
UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER
FELLOW CANDIDATE APPLICATION

PLEASE PRINT CLEARLY OR TYPE

APPLICATION DEADLINE: January 10th

I. DEMOGRAPHIC INFORMATION

NAME: _____
LAST FIRST MIDDLE

EMAIL: _____

PRESENT ADDRESS:

NO. STREET

CITY STATE ZIP CODE

(AREA CODE) TELEPHONE #

PERMANENT ADDRESS:

NO. STREET

CITY STATE ZIP CODE

(AREA CODE) TELEPHONE #

COLLEGE OF PHARMACY:

NAME

NO. STREET

CITY STATE ZIP CODE

(AREA CODE) TELEPHONE #

DATE OF GRADUATION: _____

ARE YOU APPLYING FOR OTHER PROGRAMS AT
UF HEALTH JACKSONVILLE:

YES NO

II. COMPLETION OF THIS APPLICATION REQUIRES THE FOLLOWING:

- A. A current transcript from your college mailed directly to the Poison Center
- B. A CV containing pertinent educational and work experiences. Include any extra-curricular activities and professional organizations in which you have participated. Also include any awards you have received and research in which you have participated.
- C. Three letters of recommendation. Please list the names and titles of the individuals whom you have requested to send letters. At least 2 letters should be obtained from your college professors/preceptors.

1. _____

2. _____

3. _____

- D. A letter from you telling us a little about yourself, your reasons for seeking a fellowship, your long term goals, and why you should be considered for this position.

ADDRESS ALL CORRESPONDENCE TO:

FELLOWSHIP DIRECTOR
FLORIDA/USVI POISON INFORMATION CENTER-JACKSONVILLE
655 W. 8TH ST, C-23
JACKSONVILLE, FL, 32209
FAX: (904)244-4063