POSTDOCTORAL FELLOWSHIP APPLICATION

To apply for admission to the Medical Toxicology Postdoctoral Fellowship program interested applicants should fill out the enclosed application form and return it to one of the following addresses:

US Postal Mail
Patty Hiatt
UCSF/Poison Control
UCSF Box 1369
San Francisco, CA 94143-1369

Delivery Service (FedEx, UPS, DHL, etc.)
Patty Hiatt
UCSF/Poison Control
2789 25th St, Suite 2022
San Francisco, CA 94110

Mail this completed application along with a current CV. If you are a graduate of a foreign medical school, please complete Attachment A and include with the completed application.

Further information about the fellowship program may be obtained by contacting:
Dr. Craig Smollin (Craig.Smollin@emergency.ucsf.edu), 415-643-3241 or Patty Hiatt (phiatt@calpoison.org), 415-643-3203.

Interviews will be scheduled following receipt of the completed application, CV, transcript(s), and letters of reference.
MISCELLANEOUS INFORMATION

Health Insurance
The University of California, San Francisco, requires health insurance coverage for all postdoctoral scholars enrolled in the university. Health insurance coverage is not funded through the fellowship, but can be obtained from a funding source, the fellow's government, or can be purchased in the United States. As a convenience, the university offers various health insurance plans to fellows, and coverage can also be obtained for dependents. If health insurance is obtained from a source other than the university, proof of coverage is required, and must be adequate as defined by the university.

Professional Liability Insurance
The University of California, San Francisco, covers malpractice insurance for all fellows.

Fellowship funding and visas:
Fellowship funding may come from different sources (i.e., either the T32 training grant funding through the NIGMS; through UCSF School of Pharmacy; through the fellows’ home government; etc.).

For fellows supported by NIGMS funds: Fellowships provided by the NIGMS are offered only to United States citizens or to individuals who are permanent residents. They are not available to support training for foreign nationals on non-immigrant visas.

Participation in the fellowship provided by NIGMS entails a payback agreement, in which fellows are required to devote an amount of time equal to the number of years of stipend support in subsequent academic pursuits. For further information about this provision, fellowship applicants are encouraged to ask questions of faculty members in the Division or to request information directly from NIGMS.

Physician postdoctoral fellows who have clinical activities at UCSF or its affiliated hospitals are required to receive salary at rates established annually by the University of California Office of the President (UCOP). UCOP salary rates are approximately $7,000 - $8,000 higher than the previously listed NIH stipend levels, so a source for additional funding will have to be arranged.

PharmDs will be appointed as postdoctoral fellows and be paid at the appropriate NIH stipend level, regardless of whether or not they have clinical activities.

For fellows supported by other (non-NIGMS) funds:
All foreign fellows who are accepted into the fellowship program (and who will be paid by UCSF or their home governments or institutions) must apply for J-1 exchange visitor status.

Foreign fellows who are physicians and have clinical responsibilities under supervision must apply for ECFMG sponsored J-1 exchange visitor status. To be eligible for ECFMG J-1 sponsorship for clinical training, one must meet ECFMG’s requirements. For more information, visit ECFMG website at: http://www.ecfmg.org/evsp/j1fact.html
If fellows have obtained only a J1 visa (rather than the ECFMG J-1 visa), they may only observe patient care and may not provide patient care even with supervision.

**Housing**

University housing is limited, and generally not available to postdoctoral fellows. The following is information regarding both temporary and permanent housing.

**Temporary Housing**

Temporary housing may be available in one of the several guesthouses and small hotels near the university until permanent housing can be obtained.

**Permanent Housing**

Permanent housing in the San Francisco Bay Area is extremely expensive. *Current* average monthly rentals are as follows (these rental rates are subject to change):

- Studios 1 or 2 rooms + bath $1,300 +
- 1 Bedroom $1,600 +
- 2 Bedrooms $2,200 +
- 3 Bedrooms $3,200 & Up
- Houses $3,500 & Up

**Living Costs**

The San Francisco Bay Area is among the most expensive areas in the United States, in which to live. Fellows should have adequate funds (both fellowship funds and personal funds) to cover their training period at the university to preclude any undue hardships.
PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who supply information about themselves. The information collected is used to satisfy the educational mission of the University of California, San Francisco, and its legal obligations: Including, but not limited to determination of eligibility, assessment and evaluation of professional qualifications. Furnishing all information requested is mandatory. If the information is provided the application will not be considered complete for consideration in the program. The information you provide will be reviewed by the selection committee of the Division of Clinical Pharmacology and Experimental Therapeutics and may be released pursuant to applicable Federal or State law. The privacy of file will be safeguarded. Individuals have the right to review their own record in accordance with the Information Practices Act and University Policy, except for information received with the promise that the identity of the source of the information would be held in confidence and if compiled prior to July 1, 1978. Information on these policies can be obtained from the training program to which you have applied and where your file is maintained.

FELLOWSHIP APPLICATION

NAME

Last
First
Middle

ADDRESS

Street

City
State
Zip
Country

TELEPHONE ______________________(Home)_______________________(Work) FAX

_______________________ Email ______________________________ CITIZENSHIP

COUNTRY_________________________VISA TYPE____________

SOC. SECURITY NO. ________________________________(If Applicable)
PROFESSIONAL TRAINING

Undergraduate ________________________________ Degree _______ Date __________

Medical or Professional ________________________________ Degree _______ Date __________

Internship ________________________________ Dates _______________________

Residency ________________________________ Dates _______________________

Internship ________________________________ Dates _______________________

Residency ________________________________ Dates _______________________

________________________________ Dates _______________________

Postdoctoral Training ________________________________ Dates _______________________

________________________________ Dates _______________________

________________________________ Dates _______________________

Faculty Positions ________________________________ Dates _______________________

________________________________ Dates _______________________

LICENSES Medical License No. _________________ State or Country ________________________

Pharmacy License No. ________________State or Country ________________________ Other

______________________________________________________________________

HONORS/AWARDS

______________________________________________________________________

______________________________________________________________________
PUBLICATIONS  (Please attach a Curriculum Vitae or an extra sheet listing publications.)

INTERESTS IN CLINICAL PHARMACOLOGY  (Summarize your interests in teaching and research in Clinical Pharmacology and your future career plans.)
APPROXIMATE DATES OF DESIRED TRAINING

From: __________________________ To: ________________________

REFERENCES

Please arrange to have three (3) letters of reference and your medical, pharmacy or graduate school transcript(s) sent to:

Patty Hiatt
UCSF/Poison Control
Box 1369
San Francisco, CA 94143-1369
phiatt@calpoison.org

List the names of the individuals from whom you have requested letters of reference.

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

The University of California, San Francisco, is committed to a policy of equal opportunity and affirmative action.
ATTACHMENT A: GRADUATES OF FOREIGN MEDICAL SCHOOLS

NAME _____________________________________________

Funding Source(s) _____________________________________________

Funding Dates: _____________________________________________

US$ Amount _____________________________________________

If requesting patient contact, have you received ECFMG certification?
Yes ______ Dates: ___________________________ No _______
(Please attach copies of certification.)