HEPATOLOGY FELLOWSHIP
Center for Liver Diseases
Division of Hepatology
Department of Medicine
University of Miami Miller School of Medicine

The Hepatology Fellowship is directed primarily towards three types of physicians in training:

1) someone with prior training in gastroenterology who wishes to spend a year developing expertise in liver disease
2) an individual desiring to pursue an academic career in Hepatology who must take at least two years of training, one clinical and one or more in research
3) The hepatologist who seeks a career in liver transplantation who will spend a year of training on the liver transplant service

Applicants without previous gastroenterology training who plan to follow a Hepatology fellowship with a gastroenterology fellowship are accepted.

The Hepatology fellowship is clinically oriented and its main objective is to train physicians to be well versed in the pathophysiologic mechanisms, the clinical manifestations, and the management of patients with liver disease. The primary responsibility of the Hepatology fellow is to serve as a consultant in liver disease within the University of Miami Medical Center which encompasses Jackson Memorial Hospital, Veterans Administration Medical Center, University of Miami Hospitals and Clinics and University of Miami Hospital where the Center For Liver Diseases has a 15-bed inpatient liver unit for treatment of patients with decompensated liver diseases and evaluation of pre-transplant candidates.

Patients referred to the Center for Liver Diseases represent a wide cross section of clinical and pathological diseases. Patients are first seen by a Hepatology fellow and then presented to the attending several times a week. Conferences are held weekly and include liver biopsy, journal club, case presentation and topic review. There is a weekly liver-surgical conference in conjunction with the Department of Surgery and a weekly liver transplant conference in conjunction with the Division of Liver Transplantation. Hepatology fellows rotate on the liver transplant service and are trained in the evaluation and management of pre and post liver transplant patients. Fellows become proficient in performing liver biopsy and peritoneoscopy.

The Hepatology fellows play a major role in the teaching and supervision of medical students who electively rotate on the Hepatology service and participate in case presentations and conferences. Fellows also take part in the physical and mechanism of disease courses given to medical students.

The Center For Liver Diseases is active in clinical research. Current clinical investigations involve:
- viral hepatitis, alcoholic hepatitis, cryptogenic cirrhosis, NASH, markers of fibrosis,
- antiviral therapy for hepatitis B and C, coagulation disorders, immunologic patterns in liver disease and transplant studies.

Throughout the year the Center hosts visiting professors and guest lecturers. Clinical fellows have the opportunity to present interesting cases to outstanding physicians and scientists in the field of hepatobiliary disease.
APPLICATION FOR HEPATOLOGY FELLOWSHIP
UNIVERSITY OF MIAMI

Center For Liver Diseases
University of Miami Hospital and Clinics
University of Miami Hospital
Jackson Memorial Hospital
Veteran Administration Medical Center
Miami, Florida

Please submit application to: Paul Martin, M.D.
Chief, Division of Hepatology
University of Miami School of Medicine
P.O. Box 016960 (R-10)
Miami, Florida 33101

Date submitted: ____________________

Name: _________________________________________ Social Security: ___________________________

Present address: ________________________________________________________________________

Home telephone: ______________________ Work telephone: _________________________________

E-mail: _____________________________________ Fax: ______________________________

Date of Birth: _______________________ Male: [ ] Female: [ ]

Place of Birth: ___________________________________________________________________________

Marital Status: ___________________ Name of Spouse: ____________________________ No. of Children: _____ Ages: ___

Citizenship: _____________________________ Type of Visa: _____________________

Interview: Are you able to visit the division for an interview? Yes [ ] No [ ]

I request fellowship to begin (year): ______ Duration of desired training: 1 [ ] or 2 [ ] years

Research Interests: Clinical Investigation [ ] Basic Research [ ]

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Attach Photo
LANGUAGES (Degree of Fluency)

| ______________________ | ______________________ |
| ______________________ | ______________________ |
| ______________________ | ______________________ |

EDUCATION

College __________________________________ Degree and Date ________________

Medical School

_______________________________________________________________________

Name Degree

_______________________________________________________________________

List chronologically your activities from the time of graduation from medical school to present. Specify type of internship.

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Special Clinical and/or Research experience ____________________________________________

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Military Service (or alternate) ______________________________________________________

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Membership in Professional Organizations ____________________________________________

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Publications (use additional sheet if necessary)____________________________________

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_______________________________________________________________________
Three letters of recommendation are required and should be from the Dean or your medical school or chief of your service, and two from physicians who have observed you during internship or supervised you in recent training programs.

List below the names of your three references and ask them to correspond directly to Dr. Paul Martin.

1. __________________________________________
   Name                        Address

2. __________________________________________
   Name                        Address

3. __________________________________________
   Name                        Address

Others:

   __________________________________________
   Name                        Address

   __________________________________________
   Name                        Address

Date __________________________   Signature _______________________________

A COMPLETE APPLICATION WILL INCLUDE:

CURRICULUM VITAE
COPY OF MEDICAL SCHOOL TRANSCRIPTS
COPY OF MEDICAL SCHOOL DEGREE CERTIFICATE
COPY OF ECFMG / USLME CERTIFICATES
THREE LETTERS OF RECOMMENDATION (May be mailed or faxed to (305)243-3877