



# LOMA LINDA UNIVERSITY

## Application for *INFECTIOUS DISEASES Fellowship Program*

| APPLICANT INFORMATION |               |
|-----------------------|---------------|
| Last Name             | First Name    |
| Address               |               |
| City                  | State/Zip     |
| Telephone Number      | Email Address |

**This application form must be postmarked by Saturday, January 4, 2014.**

**In addition to this form, please include:**

- ☐ A letter of intent describing your background, experiences and how a residency program will benefit your professional growth
- ☐ Curriculum vitae

**The following application materials must be postmarked by Saturday, January 4, 2014:**

- ☐ An official academic transcript sent directly from all Colleges of Pharmacy attended
- ☐ **Three** letters of recommendations along with recommendation forms sent directly from your reference

***Please send references to:***

Steve Forland, Pharm.D.  
Director, Pharmacy Fellowship Infectious Disease Program  
Loma Linda University Medical Center  
11234 Anderson St. Loma Linda, CA 92354  
Phone: (909) 558-4000, ext. 43980  
Email: sforland@llu.edu

| List all colleges/universities attended |        |
|---|--------|
| Name of College/University              | Degree |
| Dates Attended                          |        |
| Name of College/University              | Degree |
| Dates Attended                          |        |

| List of References  |                   |
|---|-------------------|
| Please list the names, titles, and addresses of the individuals whom you have requested to send letters of reference. |                   |
| 1. Name   | Title/Affiliation |
| Address   |                   |
| 2. Name   | Title/Affiliation |
| Address   |                   |
| 3. Name   | Title/Affiliation |
| Address   |                   |