



# 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 submitted via email by April 7<sup>th</sup> 2021.**

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

- A letter of intent describing your background, experiences and how a fellowship program will benefit your professional growth
- Curriculum vitae
- Response to Loma Linda University Mission Statement (please see website)
- An unofficial transcript from your School of Pharmacy

**Three letters of recommendation along with recommendation forms must be sent directly from your reference via email by April 7<sup>th</sup> 2021:**

***Please send references to:***

Karen Tan, Pharm.D, BCIDP  
 Director, Pharmacy Fellowship Infectious Disease Program  
 Loma Linda University Medical Center  
 11234 Anderson St. Loma Linda, CA 92354  
 Phone: (909) 558-4000, ext. 19961  
 Email: KarenTan@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	