



# LOMA LINDA UNIVERSITY

## Application for Diabetes Management Fellowship Program

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

**This application form and the following materials must be emailed by**

**April 18<sup>th</sup>, 2024:**

- A letter of intent describing your background, experiences and how a residency 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 18<sup>th</sup> 2024:**

***Please send references to:***

Christopher Jacobson, Pharm.D, APh, BC-ADM,  
CDCEs  
Director, Diabetes Management Fellowship Program  
Loma Linda University School of Pharmacy  
24745 Stewart St. Shryock Hall #203  
Loma Linda, CA 92354  
Phone: (909) 558-4000, ext. 87461  
Email: cjacobson@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	

