



**APPLICATION**  
**FOR ADVANCED FELLOWSHIP**  
**In Esophagology and Swallowing Fellowship**  
**For Training Period: July 1, 2024, to June 30, 2025**

**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

**CITIZENSHIP:**

Citizenship (please check one):  U.S. Citizen  Permanent Resident  
 If not a citizen or permanent resident, please give visa status: \_\_\_\_\_

**EDUCATION:**

Undergraduate: \_\_\_\_\_ Date of Graduation (MM / YY): \_\_\_\_\_  
 Medical School: \_\_\_\_\_ Date of Graduation (MM / DD / YY): \_\_\_\_\_  
 Internship: \_\_\_\_\_ Inclusive Dates (MM / YY-MM / YY): \_\_\_\_\_  
 Residency: \_\_\_\_\_ Inclusive Dates (MM / YY-MM / YY): \_\_\_\_\_  
 ECFMG Certificate No.: \_\_\_\_\_ ECFMG Issue Date: \_\_\_\_\_

**EXPERIENCE:**

Hospital and Research Practical Experience (use additional sheet if necessary):

CV Attached \_\_

---

**NOTE: Applicants must be at least PGY7 or have completed 3 years in an accredited Gastroenterology program prior to enrollment.**

**You may complete and submit your application electronically. However, before your application will be considered we must have the following:**

- 1) Completed and signed copy of the application (please do not leave any items blank)
- 2) Curriculum Vitae
- 3) Personal Statement that delineates your career plans and gives us a brief biography
- 5) A copy of your ECFMG certificate if you are a foreign medical graduate
- 6) Three letters of recommendation addressed to Kristle L. Lynch, Director of the Esophagology and Swallowing Fellowship Program.

---

**Please send the completed application to:**

Grace Loemba Ndello/ Alishah Powel  
Fellowship Coordinators, Penn Gastroenterology  
Perelman Center for Advanced Medicine  
3400 Civic Center Blvd 7th Floor South Pavilion  
Philadelphia, PA 19104-6160  
Telephone: 215-662-6442 / 215-662-3023  
Fax: 773-702-4028  
**Email:** [gracedna.loembandello@penntmedicine.upenn.edu](mailto:gracedna.loembandello@penntmedicine.upenn.edu)  
[alishah.powell@penntmedicine.upenn.edu](mailto:alishah.powell@penntmedicine.upenn.edu)

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_