



**DEPARTMENT OF THE AIR FORCE
35TH FIGHTER WING (PACAF)
MISAWA AIR BASE, JAPAN**

**35 MEDICAL GROUP JAPANESE MEDICAL
FELLOWSHIP PROGRAM
APPLICATION**

Name:

Gender

Address:

Name (Kanji):

Address (Kanji):

Email:

Telephone

Home:

Cell:

Hometown:

Date of Birth:

Medical University:

Address:

Telephone:

Graduation date:

(or expected date)

Honors and research:

USMLE Scores

Step 1

Step 2

Score:

Score:

Have you ever taken time off or had a leave of absence from your university for medical, psychiatric, or personal reasons? If yes, please explain in detail.

Please tell us about yourself in a personal statement of approximately 1-2 pages in length. Include information about how training at the 35 Medical Group Misawa Air Base relates to your personal goals.

- Please save this completed form with the file name "Fellowship application 2024 (Your Name)."
- Please include a recent photograph of yourself in passport style. Official passport photo not required.
- Email completed file as an attachment to:
usaf.misawa.35-mdg.mbx.35-mdg-fellowship-program@health.mil.