

## Fellowship Verification Form

Applicants currently enrolled in a fellowship program and applying to the Graduate Certificate in Health Professions Education or Graduate Certificate in Clinical Research are required to have this Fellowship Verification Form completed by the Fellowship Director or other appropriate administrator.

Deadlines for Spring Semester Admission: November 1 (international applicants) or December 1 (U.S. citizens and permanent residents)

I, \_\_\_\_\_, certify that \_\_\_\_\_  
(Fellowship Director or Administrator) (Applicant Name)

is currently enrolled in the \_\_\_\_\_  
(Fellowship Name)

sponsored by \_\_\_\_\_ and is in good standing.  
(Sponsoring Institution Name)

Applicant/Fellow Name: \_\_\_\_\_

Years of Enrollment in Fellowship: \_\_\_\_\_ - \_\_\_\_\_  
(yyyy - yyyy)

Fellowship Director or Administrator Contact Name and Title:

\_\_\_\_\_

Fellowship Contact's Email Address: \_\_\_\_\_

Fellowship Address (incl. city, state, and zip code):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Upon completion, please submit this form to the UMKC School of Medicine Office of Admissions electronically at [medicine@umkc.edu](mailto:medicine@umkc.edu) or by mail to:

UMKC School of Medicine  
2411 Holmes Street, M1-103  
ATTN: Office of Admissions  
Kansas City, MO 64108