

**CAMERON FOUNDATION ADDICTION MEDICINE FELLOWSHIP  
(ABAM CERTIFIED)**

**APPLICATION**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Current work status:  Unemployed  Self Employed  Employed Part Time  Employed Full Time

Other: \_\_\_\_\_

**Educational History**

<u>School</u>	<u>Diploma / Degree Completed</u>	<u>Major / Focus</u>	<u>Date (From-To)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Board Certifications/Specialty**

1. \_\_\_\_\_
2. \_\_\_\_\_

If not board certified, date expected to get certified/Specialty:

\_\_\_\_\_

**Other Licenses/Certifications**

<u>License Rank</u>	<u>License Status</u>	<u>Expiration Date</u>	<u>Effective Rank Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Other Experiences/ Skills**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Required Documents**

1. Copy of your CV
2. Copy of your Diploma
3. Three (3) letters of references, including a letter from their current residency training director (if applicable), that indicates projected successful completion
4. One page statement explaining why you want to do a fellowship in addiction medicine.

## **Background Check Consent and Waiver Release Form**

1. Have you been convicted (past 10 years) of a felony?

Yes No

2. Are you currently out on bail or your recognizance, pending trial for any felony offense? Yes No

3. Have you ever been convicted of a sex offense or are you registered in any database as a sex offender?

Yes No

If yes to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **BACKGROUND SCREEN RELEASE:**

I hereby release and hold harmless Memorial Hermann, their employees and agents, from any liability resulting from a background check or drug screen, including the specifics listed below.

I, \_\_\_\_\_ (*Applicant*), authorize and give consent for the above named organization to obtain information regarding myself. This includes the following: Social Security Number Verification, Criminal background records/information, Driver's license check, and addresses.

I the undersigned, authorize this information to be obtained either in writing, electronic transmission or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

**Candidates for the internship program will be required to submit to urine drug screening and will be disqualified from consideration for use of addictive substances including; tobacco, nicotine, marijuana, opiates, stimulants, sedatives, benzodiazepines, etc.**

### **DRUG SCREENING CONSENT:**

I, \_\_\_\_\_ (*Applicant*), do hereby voluntarily consent to the Memorial Hermann medical staff, assistants, and/or designees to perform drug screen testing at Memorial Hermann Prevention and Recovery Center.

For this purpose, I consent to the examination of my urine for the presence of drugs. I also authorize the Memorial Hermann medical and/or clinical staff to provide the results of these tests to the selection committee evaluating my application for placement at Memorial Hermann Prevention and Recovery Center as a clinical intern.

This form has been fully explained to me and I certify that I understand its content.

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_