THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

FEMALE SEXUAL MEDICINE FELLOWSHIP

One Year Funded Fellowship Application for Start Date August 1, 2025

Return the following materials by email to nbetts@mfa.gwu.edu (Subject: Female Sexual Medicine Fellowship Application) by **September 1, 2024**:

- 1. Application form
- 2. Your CV
- 3. Medical School Transcript (If accepted, transcripts from all Universities previously attended will be required)
- 4. 3 letters of recommendation, including one from the Residency Program Director or Department Chair
- 5. Personal Statement indicating why you wish to participate in this fellowship program

Name:	Title:	
Training Program & Institution:		Year of intended graduation

Permanent address, if different:

Telephone:	Email: Second Email:
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	If you wish to disclose:	U.S. Citizen?
Date of birth:	Ethnicity/Race:	YES NO
Pronouns:		Note: We are not able to accept applicants who require visa sponsorship.

Academic degrees:

Institution	Degree	Date of conferral



WASHINGTON, DC

Office of Graduate Medical Education

Postgraduate training and other positions held:

State licenses:

Please briefly describe what you hope to accomplish during the fellowship and how you plan to use the skills you obtain in the future (areas of interest in sexual health, skills, project ideas, etc):



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The intent of this fellowship is to train OBGYN physicians to increase access for afforable sexual medicine care for women and other gender minority groups. Please describe your intended setting of practice after completion of this fellowship.

Other materials to be submitted:

- o Curriculum vitae
- o Medical School transcript
- o Personal statement

Please email to nbetts@mfa.gwu.edu and scigna@mfa.gwu.edu

Letters of Recommendation

One of the three letters of recommendation must be from your Residency Program Director or Chair of your Department and emailed to nbetts@mfa.gwu.edu and scigna@mfa.gwu.edu. The letters should speak to your aptitude for the Sexual Medicine Fellowship based on past and current experiences.

Please list your references below. Name:

Position/Institution

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