



**UC Davis Health/UC Irvine Health Train New Trainers (TNT)
 Clinician Health and Wellbeing (CHWB) Fellowship
 Application for Enrollment**

Please complete the application and send to jbannister@ucdavis.edu.

Personal Information

First Name: _____ Suffix: MD DO PA NP

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Specialty: Internal Medicine Family Medicine Pediatrics Other

1. Name of Institution/Agency/Health System/Sponsor:

2. Years in Practice:

Resident Post-Residency Years (20+)

Post-Residency Years (1-10)

Post-Residency Years (10-20) Other

3. Why are you interested in participating in the TNT CHWB Fellowship? (150 words max)

4. What do you hope to accomplish after completing the TNT CHWB Fellowship? (150 words max)

5. How do you plan to teach your colleagues what you learn in the TNT CHWB Fellowship? (150 words max)