



**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](mailto: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)