UNIVERSAL CRITICAL CARE MEDICINE FELLOWSHIP APPLICATION

Desired Start Date(s) (Month/Year) ☐ MD ☐ PhD ☐ DO ☐ Other

Name Last First Middle

Date of Birth (MM/DD/YY) SSN

Address City, State, ZIP

Home Phone Cell Phone Other Phone

E-mail Alternate E-mail

Current Hospital/Insitution City, State, ZIP

PLEASE COMPLETE THE FOLLOWING CONCERNING ANY REVOCATIONS AND/OR DENIED PRIVILEGES.

Have you ever been denied a license and/or privileges?

If YES, please provide information concerning the incident(s):

Are you required to fulfill any service obligations post-fellowship (i.e. National Health Service Corps, Armed Forces Scholarship, state programs, etc.)?

If YES, please state your service start date and length

Citizenship ☐ United States ☐ Other (specify) Visa Status

Permanent Contact Name

Address Phone

Photo (optional)*

USMLE/COMLEX Scores

Step 1 Step 2 Step 3

Date Date Date

Board Certified Specialities (if applicable)

Year Certified Expires

***To add photo: save file to computer, open local copy, click image field above.**

Most program directors request a photograph in order to associate a face with the application. If you do not submit one at this time, you should be prepared to provide one when you are interviewed.

MEDICAL TRAINING & EDUCATION

	Program/Hospital Name, City, State	Specialty	Dates (M/Y-M/Y)
Residency			
Residency			

Honors/Awards

	Program/Hospital Name, City, State	Type	Dates (M/Y-M/Y)
Internship			

Honors/Awards

	Institution Name, City, State	Dates (M/Y-M/Y)
Research Experience		

Research Topic

Duties

Honors/Awards

	Institution Name, City, State	Dates (M/Y-M/Y)
Research Experience		

Research Topic

Duties

Honors/Awards

	Institution Name, City, State	Degree	Dates (M/Y-M/Y)
Medical School			

Honors/Awards

	Institution Name, City, State	Degree & Major	Dates (M/Y-M/Y)
Graduate (If applicable)			

Honors/Awards

	Institution Name, City, State	Degree & Major	Dates (M/Y-M/Y)
Undergraduate			
Undergraduate			

Honors/Awards

INTERVIEW SCHEDULING (please select one)

☐ The following general time period is most convenient for me: From: _____ To: _____

☐ I am able to schedule an interview on the following specific date(s):

Date: _____ Date: _____ Date: _____ Date: _____

☐ I am not available for an interview.

LETTERS OF RECOMMENDATION, IN ADDITION TO THE DEAN'S LETTER, HAVE BEEN REQUESTED FROM THE FOLLOWING INDIVIDUALS:
(All letters must be on letterhead with the recommender's signature or e-signature)

Name	Title	Institution	Address

Please select one:

☐ I hereby waive the right to access the above letters and will so inform the authors.

☐ I hereby reserve the right to access the above letters and will so inform the authors.

By typing your name below you are submitting an e-signature which will act as your signature confirming your understanding and adherence to the following statement:

I have read and I understand the instructions for completing this application. I certify that the information submitted in this application, and in supplemental documents, is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me for this position.

Signature of Applicant _____ **Date** _____

INSTRUCTIONS FOR THE UNIVERSAL APPLICATION FOR CRITICAL CARE MEDICINE FELLOWSHIP

PLEASE READ CAREFULLY

1. Please include your CV and PERSONAL STATEMENT as separate documents.

Your CV should include (but is not limited to) the following:

- Additional research experience
- Publications & contributions (abstracts, manuscripts, peer-reviewed articles, presentations)
- Memberships & Professional/Society Meetings (if applicable)
- Community service work
- Certifications
- Honors
- Licenses, etc.

Your PERSONAL STATEMENT should include your short and long-term professional goals and why you are interested in pursuing a pain medicine fellowship.

2. PLEASE BE SURE TO CHECK WITH INDIVIDUAL PROGRAMS FOR ADDITIONAL APPLICATION REQUIREMENTS AND GUIDELINES.

SUBMITTING THE UNIVERSAL CRITICAL CARE MEDICINE FELLOWSHIP APPLICATION

Please submit the completed universal application form via e-mail to each program to which you wish to apply. It is the applicant's responsibility to arrange to submit required supplementary materials (transcripts, diplomas, certificates, board scores, etc.) by the designated program's stated deadline.