

**FELLOWSHIP APPLICATION FOR
GRADUATE MEDICAL EDUCATION**

Specialty	Emergency Medical Services
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AOA &/or AMA #

Name (F/M/L)

Residency graduation (MM/YYYY)

Address

Emergency Contact

Home phone

Name

Cell phone

Telephone

E-mail

Relationship

APPLICATION INSTRUCTIONS

ONLY COMPLETE APPLICATIONS will be considered for review

REQUIRED MATERIALS

1. Completed application *with photo*
2. Curriculum Vitae
3. Cover letter (*indicating why you are interested in Doctors Hospital EMS*)
4. COMLEX &/or USMLE Board Scores (*parts I, II & III*)
5. Program Director (PD) letter of good standing & verification of residency dates
if a graduate you may submit letter from your program's GME office stating above
6. Three Letters of Recommendation:
if a resident: one letter must be from PD with others from anyone with an EMS background (doctor, EMT, fire chief, etc)
if a graduate: one letter must be from your current EM Medical Director

* Please have LoR writers place in sealed envelopes which you will return with this application *

EDUCATION BACKGROUND

RESIDENCY

Dates -
 m/d/y m/d/y

Specialty

Institution

Director, Medical Education

Address

City State Zip

Phone

MEDICAL SCHOOL

Dates -
m/d/y m/d/y

Institution

Address

City

State

Zip

OTHER EDUCATION

Dates -
m/d/y m/d/y

Institution

Address

City

State

Zip

Degree

Certification

PRIVATE PRACTICE

(if applicable)

Dates -
m/d/y m/d/y

Institution

Address

City

State

Zip

Position

Mark the appropriate box with an X

Do you have a military obligation following your residency?

NO

YES

Do you have a public health obligation following your training?

Have you practiced under another name?

Do you have a State of Ohio medical license?

Are you licensed to practice in another state?

Has your license ever been suspended?

Branch

Name used

License #

State

License #

Please explain conditions below

I certify the information supplied is true, to the best of my knowledge, and in signing this application I waive the right under the federal disclosure law to see my recommendations and interview evaluations.

Signature

Date

Please return application materials appropriately to:

Laura Epnett
EMS Fellowship Program Specialist
OhioHealth Doctors Hospital
Department of Medical Education
5100 West Broad St.
Columbus, OH 43228-1607