**APPLICATION for FELLOWSHIP in**

**REGIONAL ANESTHESIOLOGY and ACUTE PAIN MANAGEMENT**

**EMORY UNIVERSITY SCHOOL OF MEDICINE**

1364 Clifton Rd NE, Atlanta, GA 30322

FELLOWSHIP BEGINNING \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (Month/Year) DATE OF APPLICATION \_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle DOB: Month/Day/Year

PRESENT ADDRESS:

 Street City State Zip Code

PERMANENT ADDRESS: Street City State Zip Code

WORK E-MAIL: PERSONAL E-MAIL:

PHONE: PRIMARY: : OTHER:

CITIZENSHIP: USA Other: (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

**UNDERGRADUATE COLLEGES** (other than medical school)

Name City/State Degree Month/Year

**GRADUATE SCHOOL** (other than medical school)

**MEDICAL SCHOOL**

Name Years Attended Degree Month/Year

**INTERNSHIP**

Hospital Address

 Type From To

**RESIDENCY**

**Anesthesiology**

 Hospital Address

 From To

**Other**

 Hospital Address

 Type From To

FELLOWSHIPS:

Dates

Dates

BOARD CERTIFIED SPECIALTIES: (if applicable)

CURRENT INSTITUTION/HOSPITAL:

GEORGIA STATE LICENSEYearExpires

LICENSED IN THE STATE OF YearExpires

Military Status: Branch: Dates

Future Obligation: Yes No Explain:

**ADDITIONAL DOCUMENTATION REQUIRED**

1. Official Medical School Transcript
2. USMLE Score Report
3. Current Curriculum Vitae
4. Personal Statement – A brief narrative (approximately 250 words) explaining your reason for pursuit of a Fellowship in Regional Anesthesia
5. Three Letters of Professional Reference (including 1 from Director of your Anesthesiology Program)

Email to Karen Woods kwoods@emory.edu or Mail to: Emory-Anesthesiology c/o Karen Woods,

1364 Clifton Rd NE, Atlanta, GA 30322

 List Names, Titles, And Institutions:

**1**.

**2**.

**3**.

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.

I certify that the above information is accurate to the best of my knowledge. I agree to notify Emory of any change in my status by October 1st.

SIGNATURE OF APPLICANT (Electronic) DATE

**Please save this application, then email a copy of it, along with a current photograph of yourself to:**

kwoods@emory.edu

**Thank you for applying!**