



Fellowship Application Form

Fellowship of Interest: _____

Brown Medical School, Providence, Rhode Island

Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Email: _____

Date of Birth: _____ Citizenship: _____

Visa Status (select one): N/A **or** Currently holding: (specify type of Visa) _____

NRMP Number: _____

Examination

National Board of Examination/USMLE

Part 1:	Part 2:
DATE: _____ SCORE: _____	DATE: _____ SCORE: _____

Flex Examination:

Part 1:	Part 2:
DATE: _____ SCORE: _____	DATE: _____ SCORE: _____

References:

Please have three physicians competent to judge your professional qualifications send letters directly to us. One Letter must be from your residency director.

Name: _____ Title/Affiliation: _____

Name: _____ Title/Affiliation: _____

Name: _____ Title/Affiliation: _____

Curriculum Vitae

Please attach a current curriculum vitae which includes information regarding your undergraduate, medical and post graduate training, research experience, publications, awards & honors, outside interests and memberships in professional organizations.

Foreign Medical Graduates

Please include a copy of your ECFMG certificate and copies of all ECGMG/GEMGEMS/FLEX scores. At least two letters of recommendation must originate from the United States.

Personal Statement

Please include a personal statement, not more than one page long that will help us understand both you and your motivation for your career choice.

Please return completed applications to:

Wendy Wesley
Fellowship Coordinator
Rhode Island Hospital
Emergency Medicine
55 Claverick St, 2nd Fl
Providence, RI 02903

This application and requested documentation must be received at your earliest convenience.

Only completed applications will be considered for interview. Interviews are by invitation only and are a prerequisite for acceptance in our program. We will make every effort to accommodate your schedule in arranging an interview. This fellowship is open to graduates of Emergency Medicine Residency Programs qualified to obtain a full-unrestricted license to practice medicine in Rhode Island.

Any questions about the program, application, or your status can be addressed to Wendy Wesley at 401-444-2739 or email, wwesley@lifespan.org.

PHOTO

(please attach)

SIGNATURE

DATE