



**APPLICATION for
FELLOWSHIP in
REGIONAL ANESTHESIOLOGY and
ACUTE PAIN MEDICINE**

HOSPITAL FOR SPECIAL SURGERY

535 East 70th Street
New York, New York 10021

NOTE: Please type or print clearly all entries

For: 2019-2020 Academic Year (start date – Summer 2019, date tbd by HSS)

NAME: _____ / ____ / _____
Last First Middle D.O.B.: Month Day Year

PRESENT ADDRESS: _____
Street City State Zip Code

PHONE: HOME: _____ WORK / PAGER: _____
(include City and Country Code if applicable)

PERMANENT ADDRESS: _____
Street City State Zip Code

CITIZENSHIP : _____ PLACE OF BIRTH : _____
(City / State / Country)

E-MAIL: _____ SINGLE: _____ MARRIED : _____

NEAREST RELATIVE NAME (S) _____

ADDRESS: _____
Street City State Zip Code

PHONE: DAY _____ EVENING _____

Name _____

EDUCATION

UNDERGRADUATE COLLEGES (other than medical school)

Name _____ Address _____ Degree _____ Month/Year _____

GRADUATE SCHOOL (other than medical school)

MEDICAL SCHOOL

Name _____ Years Attended _____ Degree _____ Month/Year _____

INTERNSHIP

PGY 1

Hospital _____ Address _____

Type _____ From _____ To _____

RESIDENCY

PGY2

Hospital _____ Address _____

Type _____ From _____ To _____

PGY3

Hospital _____ Address _____

Type _____ From _____ To _____

PGY4

Hospital _____ Address _____

Type _____ From _____ To _____

PGY5

Hospital _____ Address _____

Type _____ From _____ To _____

FELLOWSHIPS: (other) _____ Dates _____

Dates

Name _____

NEW YORK STATE LICENSE _____

Year _____ Expires _____

LICENSED IN THE STATE OF _____

Year _____

ECFMG - Number _____

Year _____

VQE - Number _____

Year _____

FMGEMS - Number _____

Year _____

OTHER: Type of Visa _____

Year _____

MILITARY STATUS

Branch: _____

Dates _____

Future Obligation: YES _____ NO _____

Explain: _____

RESEARCH:

PROJECTS

PLACE

YEAR

See CV

PUBLICATIONS: (list and provide reprints)

See CV

PRESENTATIONS: (list)

See CV

Name _____

AWARDS AND HONORS:

PREVIOUS EXPERIENCE: (other than in medicine)

HOW DID YOU LEARN OF OUR FELLOWSHIP PROGRAM?

- HSS Fellow Alumni/Faculty Member at Your Current Program
- Non-HSS Fellow Alumni Faculty Member at Your Current Program
- HSS Anesthesiology Department Website – www.hss.edu/anespro
- ASRA Website – www.asra.com
- Other Website – please list: _____
- Other Source - Please describe: _____

ADDITIONAL DOCUMENTATION REQUIRED

To complete your application, please arrange for the following documents to be sent to the address below.

- I Official Medical School Transcript (must be sent directly from Medical School)
- II Official Medical School Diploma
- III Current Curriculum Vitae
- IV Personal Statement – A brief narrative (approximately 250 words) explaining your reason for pursuit of a Fellowship in Regional Anesthesiology and Acute Pain Medicine.
- V Fellows are given one Non-Clinical Day weekly to work on their academic projects. Please provide a brief description (approximately 250 words), of one or more proposed academic activities, that you would like to participate in during the fellowship year..
- VI Three Letters of Professional Reference
(including a letter from the Director of your Current Training Program)

LIST NAMES AND INSTITUTIONS/ADDRESSES:

- 1. _____

- 2. _____

- 3. _____

I certify that the foregoing information is accurate to the best of my knowledge. I agree to notify Hospital for Special Surgery of any change in my status by May 1st of the year I have applied to commence my Fellowship.

SIGNATURE OF APPLICANT

DATE

The application must be completed in its entirety or it cannot be processed.

APPLICATION AND ALL RELATED COMMUNICATIONS SHOULD BE ADDRESSED TO:

Mary J. Hargett, Director – Education and Clinical Initiatives
Department of Anesthesiology
Hospital for Special Surgery
535 East 70th Street
New York, NY 10021
Tel: 212.606.1793
Fax: 212.517.4481
E-Mail: hargettm@hss.edu
URL: www.hss.edu/anespro