

Global Health Fellowship Application Form

Applicant

Last Name (MD, DO) _____ First Name _____

County of Citizenship _____

Street _____ City _____ State _____ Zip _____

Country _____ Phone _____ Email _____ Fax _____

Education and Training

Undergraduate Education

Institution, City, State, Country _____

Dates Attended _____

Degree _____

Institution, City, State, Country _____

Dates Attended _____

Degree _____

Medical School

Institution, City, State (Country) _____

Dates Attended _____

Degree _____

Institution, City, State (Country) _____

Dates Attended _____

Degree _____

Internship/Residency

Institution, City, State (Country)_____

Dates Attended_____

Specialty_____

Institution, City, State (Country)_____

Dates Attended_____

Specialty_____

Fellowship

Institution, City, State (Country)_____

Dated Attended_____

Specialty_____

Other Graduate Education

Institution, City, State (Country)_____

Dates Attended_____

Field of Study, Degree_____

Licensing and Certification

Examinations

USMLE - Step 1 (score)_____ Date_____

USMLE - Step 2 CK (score)_____ Date_____

USMLE - Step 2 CS (score-if taken)_____ Date_____

ECFMG

Are you certified by the ECFMG? N____Y____ Number_____

Medical Licenses

Certificate Number _____ Valid Dates _____

Issuing Agency Certificate Number _____ Valid

Dates _____ Issuing Agency

Emergency Medicine/Pediatric Emergency Medicine Board Eligibility/Certification

Yes _____ Date _____

No _____ Please explain _____

CV

Include awards, honors, publications, and research. List your international work, volunteer, and educational experiences. Include specifics of your involvement and dates.

Personal Statement

(500 words) Why does global medicine interest you?

What specific areas interest you?

What do you hope to accomplish during a Global Health Emergency Medicine Fellowship?