

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL  
Department of Emergency Medicine  
55 Lake Avenue North  
Worcester, Massachusetts 01655  
Attn: Martha Wright, MBA  
(508) 421.1417 email: martha.wright@umassmed.edu



APPLICATION FOR APPOINTMENT IN A  
FELLOWSHIP TRAINING PROGRAM

Program in: \_\_\_\_\_ PGY Level: \_\_\_\_\_

Training to begin: \_\_\_\_\_ Number of years of training sought: \_\_\_\_\_

**PERSONAL DATA:**

Name in full: \_\_\_\_\_

Present address: \_\_\_\_\_ Day Tel: (    ) \_\_\_\_\_

\_\_\_\_\_ Night Tel: (    ) \_\_\_\_\_

Permanent address: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:** List all schools and inclusive dates attended.

**Undergraduate:**

School Name and Location \_\_\_\_\_

Major Field \_\_\_\_\_

Degree \_\_\_\_\_

Dates \_\_\_\_\_

School Name and Location \_\_\_\_\_

Major Field \_\_\_\_\_

Degree \_\_\_\_\_

Dates \_\_\_\_\_

**EDUCATION CONT.**

**Graduate:**

School Name and Location \_\_\_\_\_

Major Field \_\_\_\_\_

Degree \_\_\_\_\_

Dates \_\_\_\_\_

School Name and Location \_\_\_\_\_

Major Field \_\_\_\_\_

Degree \_\_\_\_\_

Dates \_\_\_\_\_

**Medical School:**

School Name and Location \_\_\_\_\_

Major Field \_\_\_\_\_

Degree \_\_\_\_\_

Dates \_\_\_\_\_

School Name and Location \_\_\_\_\_

Major Field \_\_\_\_\_

Degree \_\_\_\_\_

Dates \_\_\_\_\_

**RESIDENCY TRAINING:**

Hospital Name and Location \_\_\_\_\_

Program \_\_\_\_\_

Dates \_\_\_\_\_

Hospital Name and Location \_\_\_\_\_

Program \_\_\_\_\_

Dates \_\_\_\_\_

Hospital Name and Location \_\_\_\_\_

Program \_\_\_\_\_

Dates \_\_\_\_\_

Please indicate other professional activities (practice, research, military, training, etc.) since graduation from medical school:

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

CURRENT LICENSURE:

State	Type	Number	Date Issued	Date Expired
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXAMINATIONS:

National Board of Medicine Examiners (NBME)

	Date Taken	Score
Part I	_____	_____
Part II	_____	_____
Part III	_____	_____

Federation of State Medical Boards (FLEX)

	Date Taken	Score
Component I	_____	_____
Component II	_____	_____

United States Medical Licensing Examination (USMLE)

	Date Taken	Score
Step 1	_____	_____
Step 2	_____	_____
Step 3	_____	_____

Foreign Medical Graduate Examination in Medical Sciences (FMGEMS)

	Date Taken	Score
Day 1 (Basic Science)	_____	_____
Day 2 (Clinical Science)	_____	_____

American Specialty Boards

Eligible in: \_\_\_\_\_ Date: \_\_\_\_\_  
Certified in: \_\_\_\_\_

ECFMG STATUS

ECFMG Number: \_\_\_\_\_  
Valid Until: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

VISA STATUS - If you are not a citizen of the U.S., please provide the following information:

Current Non-Immigrant (Temporary) Visa Type: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
**or**  
Current Immigrant (Permanent) Status: \_\_\_\_\_  
Expected Visa or Immigration Status at the time of Appointment:

**ADDITIONAL INFORMATION:** (Please list honors, research projects, special interests, publications, teaching appointments and relevant work experiences; or attach a copy of your curriculum vitae or resume and a personal statement.):

**CAREER GOALS:** (What are your career plans and preferences):

**REFERENCES:** List three faculty members of your medical school or attending physicians who are familiar with your clinical performance and request that letters of reference be sent directly to the UMMC Program Director.

1. First - Last Name \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

2. First - Last Name \_\_\_\_\_

Title \_\_\_\_\_

Address: \_\_\_\_\_

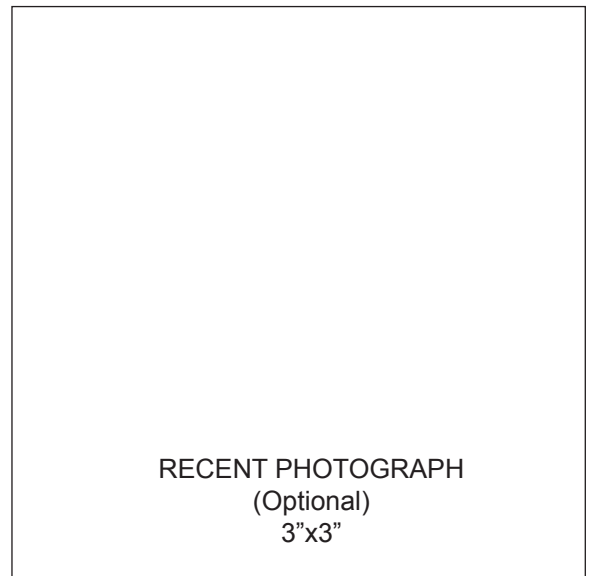
3. First - Last Name \_\_\_\_\_

Title \_\_\_\_\_

Address: \_\_\_\_\_

Date of application: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



PLEASE NOTE: The University of Massachusetts Medical Center is an Affirmative Action/Equal Opportunity Employer and is committed to increasing minority representation among its Residents and fellows. If you wish to do so, please list your minority status:

\_\_\_\_\_