



## FELLOWSHIP APPLICATION

Please check the appropriate box for desired fellowship program.

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Cardiothoracic Anesthesiology | <input type="checkbox"/> Pediatric Anesthesia   |
| <input type="checkbox"/> Critical Care Medicine              | <input type="checkbox"/> Perioperative Medicine   |
| <input type="checkbox"/> Neurosurgical Anesthesiology        | <input type="checkbox"/> Regional & Ambulatory<br>(Regional Anesthesiology & Acute Pain Medicine) |
| <input type="checkbox"/> Obstetric Anesthesia                | <input type="checkbox"/> Undersea & Hyperbaric Medicine   |
| <input type="checkbox"/> Pain Medicine                       |   |

Desired date of Fellowship: From \_\_\_\_\_ To \_\_\_\_\_

### I. PERSONAL BACKGROUND (also submit a CV)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Office

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

Visa Status (if applicable):  Permanent  J-1  H-1B  Other \_\_\_\_\_

USMLE scores: Part I \_\_\_\_\_ Part II \_\_\_\_\_ Part III \_\_\_\_\_ (submit **OFFICIAL** transcripts)

**NOTE: To receive a North Carolina Medical license, each step of the USMLE or COMLEX must be passed within three attempts**

Submit In-Training Examination Reports: Intern ITE \_\_\_\_\_ / \_\_\_\_\_%

CA1 ITE \_\_\_\_\_ / \_\_\_\_\_% CA2 ITE \_\_\_\_\_ / \_\_\_\_\_% CA3 ITE \_\_\_\_\_ / \_\_\_\_\_%

AKT0 \_\_\_\_\_ / \_\_\_\_\_% AKT1 \_\_\_\_\_ / \_\_\_\_\_% AKT6 \_\_\_\_\_ / \_\_\_\_\_% AKT24 \_\_\_\_\_ / \_\_\_\_\_%

### II. INTERNSHIP

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

### III. RESIDENCY TRAINING

Specialty/Location: \_\_\_\_\_ Date: \_\_\_\_\_

Specialty/Location: \_\_\_\_\_ Date: \_\_\_\_\_

Specialty/Location: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. GRADUATE EDUCATION**

Location: \_\_\_\_\_ Date: mm/yy \_\_\_\_\_ Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Location: \_\_\_\_\_ Date: mm/yy \_\_\_\_\_ Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Location: \_\_\_\_\_ Date: mm/yy \_\_\_\_\_ Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

**V. UNDERGRADUATE EDUCATION**

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Field of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

**VI. HONORS AND/OR AWARDS**

**VII. PERSONAL STATEMENT** *(Submit a one-page statement)*

**VIII. REFERENCES** *(In addition to a letter from your Chairperson/Program Director, include two letters from other faculty members who have worked with you closely):*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Return this application and letters of reference to:**

Adult Cardiothoracic Anesthesiology  
Critical Care Medicine  
Neurosurgical Anesthesiology  
Obstetric Anesthesia  
Pain Medicine  
Pediatric Anesthesiology  
Perioperative Medicine  
Regional & Ambulatory

Undersea & Hyperbaric Medicine

Mark Stafford-Smith, MD, FRCP (C), FASE  
Christopher C. Young, MD, FCCM  
Michael (Luke) James, MD  
Jennifer E. Dominguez, MD, MHS  
David R. Lindsay, MD  
John Eck, MD  
Timothy E. Miller, MB, ChB, FRCA  
Karen Nielsen, MD  
Jeffrey Gadsden, MD (Associate Director)  
John J. Freiburger, MD, MPH

Duke University Medical Center  
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