



FELLOWSHIP APPLICATION

Please check the appropriate box for the desired fellowship program.

- | | |
|--|--|
| <input type="checkbox"/> Adult Cardiothoracic Anesthesiology | <input type="checkbox"/> Pediatric Anesthesiology |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Pediatric Cardiothoracic Anesthesiology |
| <input type="checkbox"/> Neurosurgical Anesthesiology | <input type="checkbox"/> Perioperative Medicine |
| <input type="checkbox"/> Obstetric Anesthesiology | <input type="checkbox"/> Regional Anesthesiology & Acute Pain Medicine |
| <input type="checkbox"/> Pain Medicine | <input type="checkbox"/> Undersea & Hyperbaric 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 | Brandi A. Bottiger, MD |
| Critical Care Medicine | Nazish K. Hashmi, MD |
| Neurosurgical Anesthesiology | Colleen M. Naglee, MD |
| Obstetric Anesthesiology | Jennifer E. Dominguez, MD, MHS |
| Pain Medicine | Peter K. Yi, MD |
| Pediatric Anesthesiology | John B. Eck, MD |
| Pediatric Cardiothoracic Anesthesiology | Warwick A. Ames, MBBS |
| Perioperative Medicine | Jeanna D. Blitz, MD, FASA |
| Regional Anesthesiology & Acute Pain Medicine | Amanda H. Kumar, MD |
| Undersea & Hyperbaric Medicine | Bruce J. Derrick, MD |

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