



FELLOWSHIP APPLICATION

Please check the appropriate box for desired fellowship program.

- | | |
|--|--|
| <input type="checkbox"/> Adult Cardiothoracic Anesthesiology | <input type="checkbox"/> Pediatric Anesthesiology |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Perioperative Medicine |
| <input type="checkbox"/> Neurosurgical Anesthesiology | <input type="checkbox"/> Regional Anesthesiology & Acute Pain Medicine |
| <input type="checkbox"/> Obstetric Anesthesiology | <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): Lawful Permanent Resident J-1 H-1B

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 Anesthesiology
 Pain Medicine
 Pediatric Anesthesiology
 Perioperative Medicine
 Regional Anesthesiology & Acute Pain Medicine
 Undersea & Hyperbaric Medicine

Brandi A. Bottiger, MD
 Christopher C. Young, MD, FCCM
 Colleen M. Moran, MD
 Jennifer E. Dominguez, MD, MHS
 Lance A. Roy, MD
 John B. Eck, MD
 Timothy E. Miller, MB, ChB, FRCA
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