



## FELLOWSHIP APPLICATION

Please check the appropriate box for desired fellowship program.

- Adult Cardiothoracic Anesthesiology
- Critical Care Medicine
- Neurosurgical Anesthesiology
- Obstetric Anesthesia
- Pain Medicine
- Pediatric Anesthesia
- Perioperative Medicine
- Regional Anesthesiology & Acute Pain Medicine
- 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                        | Quintin J. Quinones, MD, PhD   |
| Neurosurgical Anesthesiology                  | Colleen M. Naglee, MD          |
| Obstetric Anesthesia                          | Jennifer E. Dominguez, MD, MHS |
| Pain Medicine                                 | Peter K. Yi, MD                |
| Pediatric Anesthesiology                      | John B. Eck, MD                |
| Perioperative Medicine                        | Jeanna D. Blitz, MD, FASA      |
| Regional Anesthesiology & Acute Pain Medicine | Michael L. Kent, MD            |
| Undersea & Hyperbaric Medicine                | Bruce J. Derrick, MD           |

Duke University Medical Center  
Department of Anesthesiology, Box 3094 DUMC  
Durham, NC 27710 USA