

Global Health Fellowship Application Form

Applicant

Last Name (MD, DO) _____ First Name _____
County of Citizenship _____
Street _____ City _____ State _____ Zip _____
Country _____ Phone _____ Email _____ Fax _____

Education and Training

Undergraduate Education

Institution, City, State, Country _____
Dates Attended _____
Degree _____
Institution, City, State, Country _____
Dates Attended _____
Degree _____

Medical School

Institution, City, State (Country) _____
Dates Attended _____
Degree _____
Institution, City, State (Country) _____
Dates Attended _____
Degree _____

Internship/Residency

Institution, City, State (Country) _____
Dates Attended _____
Specialty _____
Institution, City, State (Country) _____
Dates Attended _____
Specialty _____

Fellowship

Institution, City, State (Country) _____
Dated Attended _____
Specialty _____

Other Graduate Education

Institution, City, State (Country) _____

Dates Attended _____

Field of Study, Degree _____

Licensing and Certification

Examinations

USMLE - Step 1 (score) _____

Date _____

USMLE - Step 2 CK (score) _____

Date _____

USMLE - Step 2 CS (score-if taken) _____ Date _____

ECFMG

Are you certified by the ECFMG? N _____ Y _____ Number _____

Medical Licenses

Certificate Number _____ Valid Dates _____

Issuing Agency _____

Certificate Number _____ Valid Dates _____

Issuing Agency _____

Emergency Medicine/Pediatric Emergency Medicine Board Eligibility/Certification

Yes _____ Date _____

No _____ Please explain _____

CV

Include awards, honors, publications, and research. List your international work, volunteer, and educational experiences. Include specifics of your involvement and dates.

Personal Statement

(500 words)

Why does global medicine interest you?

What specific areas interest you?

What do you hope to accomplish during a Global Health Emergency Medicine Fellowship?