# University of Maryland

## Application for Fellowship Training in Anesthesiology

22 South Greene Street, Suite S11C00
Baltimore, MD 21201
410-328-1239

Attach Recent Photo

Optional on Application

**Desired Start Date:** _____

**Fellowship:** ☐ Cardiothoracic Anesthesiology ☐ Critical Care Medicine ☐ Neuroanesthesiology
☐ Obstetric Anesthesiology ☐ Pain Medicine ☐ Regional Anesthesiology
☐ Transplant Anesthesiology ☐ Trauma Anesthesiology ☐ Other _____

**Name**:_____
(Last) (First) (Middle)

**Social Security Number**: _____

**Permanent Address**: _____

_____ _____
(City) (State) (Zip Code) (Home Telephone #)

**Mailing Address**: _____

_____ _____
(City) (State) (Zip Code) (Home Telephone #)

**e-mail address**: _____

**cell phone #**: _____

*Undergraduate Education*

| **College/University** | **Degree** | **Graduation Date** |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Honors, Activities** _____

*Graduate Education*

| | | |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*Medical Education*

| | **Graduation Date** |
|---|---|
| _____ | _____ |
| _____ | _____ |

**Honors, Activities** _____

**Publications** (Use separate sheet if necessary)

_____

_____

***Internship/Transitional Year Program***

_____ _____

*(Hospital/Program Name)* *(Dates)*

_____

*(Internship Type: Transitional, Surgery, Medicine, etc)*

_____

*(Address)* *(City, State)* *(Zip Code)*

_____ _____

*(Program Director/Chairman)* *(Telephone Number)*

***Previous Residencies*** (Use separate sheet if necessary)

_____ _____

*(Hospital/Program Name)* *(Dates)*

_____

*(Specialty)*

_____

*(Address)* *(City, State)* *(Zip Code)*

_____ _____

*(Program Director/Chairman)* *(Telephone Number)*

***USMLE (Results/Dates Taken)***

_____ *(Send Copy)*

***ECFMG #*** _____ *(Send Copy)*

***Membership in Organizations***

_____

*References: (Three original letters required)* ***Please attach a copy of your CV, USMLE I, II & III scores & transcript***

1. *Name:* _____

   *Address:* _____

   _____ *Telephone #* _____

2. *Name:* _____

   *Address:* _____

   _____ *Telephone #* _____

3. *Name:* _____

   *Address:* _____

   _____ *Telephone #* _____

_____ _____

***(Signature)*** ***(Date)***