

Regional  
Anesthesia/Ambulatory  
Fellowship Application

For Office Use Only

Photo  
(passport size)

Received \_\_\_\_\_  
Reviewed \_\_\_\_\_  
Interviewed \_\_\_\_\_  
Result \_\_\_\_\_

University of Michigan  
Department of Anesthesiology  
1H247 UH, SPC 5048  
1500 E Medical Center Drive  
Ann Arbor, MI 48109-5278

Note: Please type or print clearly

Fellowship beginning \_\_\_\_\_, \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
last first middle

Present address \_\_\_\_\_  
street city state zip code

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_  
include city/country code if applicable

Permanent address \_\_\_\_\_  
street city state zip code

Citizenship \_\_\_\_\_ Place of birth \_\_\_\_\_  
city/state/country

Social security no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Nearest relative \_\_\_\_\_

Address \_\_\_\_\_

Phone day \_\_\_\_\_ Evening \_\_\_\_\_

Name \_\_\_\_\_

**EDUCATION**

**UNDERGRADUATE COLLEGES** (other than medical school)

Name Address Degree Month/Year

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**GRADUATE SCHOOL** (other than medical school)

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**MEDICAL SCHOOL**

Name Years Attended Degree Month/Year

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**INTERNSHIP**

PGY 1 \_\_\_\_\_  
Hospital Address

\_\_\_\_\_ Type From To

**RESIDENCY**

PGY 2 \_\_\_\_\_  
Hospital Address

\_\_\_\_\_ Type From To

PGY 3 \_\_\_\_\_  
Hospital Address

\_\_\_\_\_ Type From To

PGY 4 \_\_\_\_\_  
Hospital Address

\_\_\_\_\_ Type From To

PGY 5 \_\_\_\_\_  
Hospital Address

\_\_\_\_\_ Type From To

Name \_\_\_\_\_

**FELLOWSHIPS:** (other)

_____	Dates
_____	Dates

LICENSED IN THE STATE OF \_\_\_\_\_ Year \_\_\_\_\_

ECFMG - Number \_\_\_\_\_ Year \_\_\_\_\_

VQE – Number \_\_\_\_\_ Year \_\_\_\_\_

FMGEMS - Number \_\_\_\_\_ Year \_\_\_\_\_

OTHER: Type of Visa \_\_\_\_\_ Year \_\_\_\_\_

**MILITARY STATUS**

Branch: \_\_\_\_\_ Dates \_\_\_\_\_

Future Obligation: YES NO

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESEARCH PROJECTS**

Project	Place	Year
see CV		

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PUBLICATIONS**

see CV

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRESENTATIONS**

see CV

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

**AWARDS AND HONORS**

see CV

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**PREVIOUS EXPERIENCE** (other than in medicine)

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To complete your application, please arrange for the following to be sent to the address below.

1. Official Medical School Transcript & Diploma
2. Curriculum Vitae
3. Personal Statement (one page)
4. Three Letters of Professional Reference (including one from the Director of your training program)

**LIST NAMES AND INSTITUTIONS/ADDRESSES:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

*The application must be completed in its entirety, or it cannot be processed.*

*Application and all related communications should be addressed to:*

**Karen K. Wilkins, MD**  
**University of Michigan**  
**Department of Anesthesiology**  
**1H247 UH, SPC 5048**  
**1500 East Medical Center Drive**  
**Ann Arbor, MI 48109-5278**