



Regional Anesthesia/Ambulatory Fellowship Application

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

E-mail _____

Nearest relative _____

Address _____

Phone day _____ Evening _____

Name _____

EDUCATION

UNDERGRADUATE COLLEGES (other than medical school)

Name Address Degree Month/Year

GRADUATE SCHOOL (other than medical school)

MEDICAL SCHOOL

Name Years Attended Degree Month/Year

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

PREVIOUS EXPERIENCE (other than in medicine)

To complete your application, please submit this document and the following to Dr. Dennis Dembek by email to dembekde@med.umich.edu or to the address below.

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

LIST NAMES AND INSTITUTIONS/ADDRESSES:

1. _____
2. _____
3. _____

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

Applicant Signature

Date

Mailing Address:
Dr. Dennis Dembek
Department of Anesthesiology
UH 1H247
1500 E Medical Center Drive, SPC 5048
Ann Arbor, MI 48109-5048