

Examinations:

Please enter your scores for USMLE Steps 1, 2 and 3 or COMLEX Parts 1, 2 and 3, and completed In-Training Exams (CA-2 In-Training Exam scores should be submitted when received) as applicable.

None

Entry 1:

Exam: _____

Month: _____ Year _____

Score: _____ Pass Fail N/A

Entry 2:

Exam: _____

Month: _____ Year _____

Score: _____ Pass Fail N/A

Entry 3:

Exam: _____

Month: _____ Year _____

Score: _____ Pass Fail N/A

Entry 4:

Exam: _____

Month: _____ Year _____

Score: _____ Pass Fail N/A

Please indicate type of fellowship sought:

Pediatric Anesthesiology..... 1 year 2 years

Application and letters of recommendation to Mary Landrigan-Ossar, M.D., PhD
c/o Andrea Odian

Cardiac Anesthesiology (1 year).....

Application and letters of recommendation to Kirsten C. Odegard, M.D.
c/o Anne Bertolini

Pediatric Pain Management (1 year).....

Application and letters of recommendation to Christine D. Greco, M.D.
c/o Marybeth Sweeney

Pediatric Regional Anesthesiology (1 year).....

Application and letters of recommendation to Karen Boretsky, M.D.

Preferred date for beginning fellowship: _____ PGY at that date: _____

Please list all educational, clinical and research appointments, beginning with your college education. **Please explain any gaps**, using a separate sheet if necessary.

FROM month/year	TO month/year	INSTITUTION	POSITION or DEGREE EARNED

Gaps in training:

Miscellaneous:

Has your medical license ever been suspended/revoked/voluntarily terminated?

Yes No

Reason:

Have you ever been named in a malpractice case?

Yes No

Reason:

Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges?

Yes No

Reason:

Have you ever been convicted of a felony?

Yes No

Reason:

Recommendations:

Please list the names of three people who will write letters of reference on your behalf, indicating the Department Chairman or Program Director (required) by an asterisk(*):

Name	Title
Name	Title
Name	Title

Please include a current copy of your *Curriculum Vitae* and USMLE/COMLEX/ITE score transcripts (copies acceptable). Score transcripts may be submitted after your application has been submitted, but must be received in order for your application to be completed.

Signature _____ Date _____