

**PEDIATRIC ANESTHESIA FELLOWSHIP PROGRAM APPLICATION
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS
Seattle, Washington**

Application for the 2011-2012 academic year

Date: _____

Name: _____

Address: _____ Work phone: _____

_____ Home phone: _____

_____ Pager: _____

_____ Email: _____

Social Security No: _____ Sex: M F Date of Birth: _____

Citizenship: _____

If a graduate of a foreign medical school, do you have an ECFMG certificate? YES NO

ECFMG No: _____ Type of Visa: _____ Visa Number: _____

Completed USMLE step 1, 2, 3 _____ (date) **(passed USMLE step 3 required prior to being invited for interview)**

PREMEDICAL EDUCATION

College & Location	Major Area of Study	Dates of Attendance	Degree & Date Awarded

MEDICAL EDUCATION

INTERNSHIPS, RESIDENCIES AND FELLOWSHIPS

Name of Hospital	Location	Specialty	Begun & Completed

PERSONAL STATEMENT

Please include a brief personal statement indicating your interest in the program, career goals, etc.

REFERENCES

Please ask the Dean's Office of your medical school to send a letter of reference and a transcript of your medical school record. In addition to the dean's letter, a minimum of three letters of recommendation are required from faculty or professional staff of your medical school or hospitals where you have worked, one of which is a letter from the director of your residency program. Additional recommendations may be added. List all names below.

Name & Title Type of Contact Institution, City, State

Membership in Professional Societies: _____

Are you licensed to practice medicine? Y N

In which state(s)? _____

The University of Washington provides equal opportunity in education on the basis of race, color, national origin and sex in accordance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments and Sections 799A and 855 of the Public Health Service Act.