

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

Application for the 2009-2010 academic year  
For best consideration applications should be returned by October 31, 2008

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.

<u>Name &amp; Title</u>	<u>Type of Contact</u>	<u>Institution, City, State</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.