



Washington University Fellowship
Emergency Medical Services

Application Form
Anticipated start date: July 2018
Red boxes are required fields

Personal Data

Name: _____ Other Last Name: _____ DOB: _____

Preferred Mailing Address: _____

Preferred Phone No.: _____ Preferred E-mail: _____

Citizenship: _____ NPI: _____ SS#: _____

Education

	Name of School	Mailing Address	Degree/ Certificate	Date Awarded
Undergraduate Dates attended: to				
Med. School Dates attended: to				
Residency Specialty: _____ 3-yr 4-yr	Program Director:			

USMLE Scores

Step I: _____ Step II CK: _____ Step II CS: _____ Step III: _____

Attestations:

- Have you ever been convicted of a felony or are any criminal charges currently pending against you?..... No Yes
- Have you ever been sanctioned, excluded, or debarred by the federal government from participation in healthcare programs?..... No Yes
- Have you ever been convicted of a misdemeanor that involved drugs, alcohol related offenses, or crimes of moral turpitude?..... No Yes
- Have your medical staff privileges or licensure ever been voluntarily or involuntarily terminated, or have you ever been suspended or placed on probation for professional misconduct?..... No Yes

Certifications

Please include current provider and instructor certifications (i.e. ACLS, ATLS), and expiration dates on your CV.

Current, unrestricted US drivers license expires _____ State _____

Please attach copy of drivers license

Board Certified: No Yes

Board: _____ Certification Date: _____

Additional Items to Submit with Application

Please submit the following items with your application:

By email - emsfellowship@wustl.edu *or*

By mail - Program Coordinator, Fellowship in EMS, Washington University School of Medicine
660 S. Euclid Ave., Campus Box 8072, St. Louis, MO 63110

1. Personal Statement: Specifically address your interest in and goals for your EMS fellowship year and out-of-hospital medicine in general
2. Curriculum vitae, including publications
3. Reference names for letters of recommendation (Emergency Medicine residency program director, and two other, an EMS physician is preferred as one)
4. Copies of current: Drivers license
Medical license, if available
DEA license(s), if available

If invited to interview, you will be asked to send the following additional information at least 5 calendar days prior to the interview:

1. 3 Letters of recommendation as above
2. Medical school transcript
3. In-training exam scores

Attestation

I hereby certify that the information I submit in this application is complete and correct to the best of my knowledge and belief (must be signed to process application).

While my application is under consideration by the WashU EMS Fellowship Program, I will notify the program within 24 hours if I accept a position with another program or otherwise decide not to be further considered for a position at WashU.

Applicant Signature: Your full typed or digital signature above is accepted as your electronic signature Date: _____