



**Anesthesiology Global Health Fellowship**  
**Weill Cornell Medical College**  
**New York Presbyterian Hospital**  
**Application Form**

<b>Personal Information</b>	
Name (First Middle Last)	
Address (Street City State Zip)	
Email Address	Telephone (Cell/Home)
Citizenship	If not a U.S. Citizen, Visa Type and Number
Date of Birth	Place of Birth

<b>Education</b>		
Undergraduate Education	Dates	Degree/Field of Study
Graduate Education	Dates	Degree/Field of Study
Residency Training	Dates	Program Director
Fellowship Training	Dates	Program Director

<b>Exams and Certification</b>		
USMLE Test Scores		
Step 1	Step 2	Step 3
ITE Test Scores (Percentile)		
CA1	CA2	CA3
Board Certification		
Specialty & Date	Specialty & Date	Specialty & Date



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**Letters of Recommendation**

Name	Title	Email Address

Please provide a minimum of 3 and maximum of 4 letters of recommendation, including one from your residency or fellowship program director. All three letters should come from individuals who have worked closely with you during the past two years. Letters of recommendation must be on the official institution letterhead and contain the signature of the writer. Emailed recommendations will be accepted.

**Include additional relevant information here or on an additional page if necessary:**

**In order for your application to be considered complete, you must submit the following in addition to this application form:**

- Curriculum Vitae
- Personal Statement
- Letters of Recommendation
- Copy of USMLE Scores

**I certify that the above information is accurate to the best of my knowledge**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please submit your application by January 31st to:**

Fellowship Office  
 Gunisha Kaur, M.D., M.A.  
 Department of Anesthesiology  
 Weill Cornell Medical College  
 525 East 68<sup>th</sup> Street, Box 124  
 New York, NY 10065

email: gus2004@med.cornell.edu