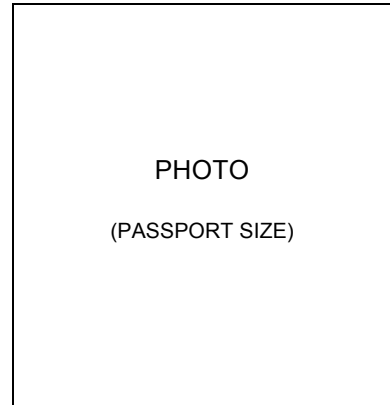




**DEPARTMENT OF ANESTHESIOLOGY**

**Application for REGIONAL ANESTHESIOLOGY & ACUTE PAIN MEDICINE FELLOWSHIP**



Desired dates of Fellowship: From \_\_\_\_\_ To \_\_\_\_\_

**I. PERSONAL BACKGROUND**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Work

Email Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_ If not U.S., Visa Status: \_\_\_\_\_

**II. INTERNSHIP AND RESIDENCY TRAINING**

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_



### III. MEDICAL SCHOOL / GRADUATE EDUCATION

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

### IV. UNDERGRADUATE EDUCATION

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Degree: \_\_\_\_\_

### V. USMLE SCORES

Step 1: \_\_\_\_\_ Step 2 CK: \_\_\_\_\_ Step 2 CS: \_\_\_\_\_ Step 3: \_\_\_\_\_

### VI. IN-TRAINING EXAM SCORES

2016 ITE: \_\_\_\_\_ 2017 ITE: \_\_\_\_\_

### VII. HONORS AND/OR AWARDS

See CV

### VIII. RESEARCH

See CV

### IX. PUBLICATIONS

See CV



X. PRESENTATIONS

See CV

XI. REFERENCES (In addition to a letter from your Program Director, include two letters from faculty members who have worked closely with you).

Address letters to:  
Dr. Tiffany Tedore  
Program Director  
Department of Anesthesiology  
Weill Cornell Medicine  
525 E68th Street, Box 124, NY, NY 10065

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

XII. ADDITIONAL REQUIRED DOCUMENTS

1. Current Curriculum Vitae
2. USMLE Scores
3. Most recent ITE Score (2016 and 2017)
4. Personal Statement: A brief narrative describing your goals and expectations for fellowship training.

I certify that the foregoing information is accurate to the best of my knowledge.

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

Please email completed application and letters of recommendation by May 30th to:  
[regional@med.cornell.edu](mailto:regional@med.cornell.edu)

Weill Cornell Medical College is an equal opportunity employer.  
All Applicants are considered without regard to race, color, religion, gender, or national origin.