



**Weill Cornell
Medicine**
Anesthesiology

Deadline for ALL application materials is *DECEMBER 31*

Desired dates of Fellowship:

From _____ To _____
(Please print or type)

I. PERSONAL BACKGROUND

Name: _____ Social Security #: _____

Address: _____
Street City State Zip

Telephone: _____
Home Office

Email Address: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ If not U.S., Visa Status: _____

II. RESIDENCY TRAINING

Location: _____ Dates: _____ Director: _____

Location: _____ Dates: _____ Director: _____

Location: _____ Dates: _____ Director: _____

III. GRADUATE EDUCATION

Location: _____ Dates: _____ Field of Study: _____ Degree: _____

Location: _____ Dates: _____ Field of Study: _____ Degree: _____

Location: _____ Dates: _____ Field of Study: _____ Degree: _____

IV. UNDERGRADUATE EDUCATION

Location: _____ Dates: _____ Field of Study: _____ Degree: _____

Location: _____ Dates: _____ Field of Study: _____ Degree: _____

V. HONORS AND/OR AWARDS:

VI. RESEARCH (*Describe your research interests, and list any publications*):

VII. PERSONAL STATEMENT (*Describe your career goals and expectations for fellowship training; attach additional sheets if necessary*):

VIII. REFERENCES (*In addition to a letter from your Chairperson/program Director, include two letters from faculty members who have worked closely with you*):

1. _____

2. _____

3. _____

Signature of Applicant _____ Date _____

Return this application and letters of recommendation to:

Via email: Marlene Augustine, Fellowship Coordinator, thoracic-anes@med.cornell.edu

Via postal mail: Marlene Augustine, Fellowship Coordinator
Department of Anesthesiology

New York Presbyterian - Weill Cornell Medical Center
525 E. 68th Street, Box 124, Room M-304
New York, NY 10065

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