

**New York University School of Medicine**  
**Department of Anesthesiology**  
 550 First Avenue, New York, NY 10016

**Fellowship Application Form**

Please check **which** fellowship:

(Attach a recent signed photo)

- Pain Medicine**
- Cardiothoracic Anesthesia**
- Critical Care**

I am applying for the following academic year: \_\_\_\_\_

Name \_\_\_\_\_ Present Address \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ Contact # \_\_\_\_\_

College or University and Medical School	Dates Attended	Degree, Honors, Awards
	to	
	to	
	to	
	to	

**Post Graduate Training**

Name and Location	Dates Attended	Type of Service
	to	
	to	
	to	
	to	
	to	
	to	

**Are you licensed in New York State?** Yes ( ) No ( ) Cert. # \_\_\_\_\_ Date of expiration: \_\_\_\_\_  
 (Please note that it is a requirement of the fellowship program that you must have your New York State License prior start date)

**Are you licensed in any other state?** Yes ( ) No ( ) If yes, Specify state \_\_\_\_\_

**Have you passed the USMLE?** ( ) Step 1 ( ) Step 2 CK ( ) Step 2 CS ( ) Step 3  
 If you have not passed all three, please provide the dates on which you intend to take the exam \_\_\_\_\_

**If applicable, have you been awarded ECFMG Certificate?** Yes ( ) No ( )  
 ECFMG Score \_\_\_\_\_ Certificate# \_\_\_\_\_ Date \_\_\_\_\_

**Awards and Honors**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**List Publications (if any)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List two Physicians that you have worked with, who knows you well, and will provide us with letters of recommendation on your behalf:**

- 1. Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_
- 2. Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

**Please have your school send directly to us a copy of your Dean’s letter and transcript.**

**Mail the completed application along with a copy of your CV and USMLE/ECFMG Certificate to:**

**New York University School of Medicine  
Department of Anesthesiology  
550 First Avenue, RI-605  
New York, NY 10016**

**Attention: Sonia Taylor  
Fellowship Coordinator**