

UCSD Regional Anesthesia Fellowship Application

REQUIRED DOCUMENTS

- UCSD Regional Anesthesia Application (3 pages)**
- Current Curriculum Vitae:** Your curriculum vitae should include but not be limited to the following:
 - Research Projects
 - Publications, Publication Contributions, and Presentations (i.e., abstracts, manuscripts, and/or peer-reviewed articles)
 - Professional Memberships, Attendance at Professional Society Meetings, Awards and Honors, Community Services, Certifications, Licenses
- Personal Statement:** A personal statement about why you are seeking a fellowship in Regional Anesthesia. Please include additional information that was not included in your curriculum vitae.
- Copy of Current Medical License:** This may be a temporary residency license.
- USMLE Score Transcript**
- In-Training Examination Score Transcripts**
- Official Medical School Diploma, Transcript, and Dean's Letter**
- Letters of Recommendation:**
 - 3-4 letters of professional reference including one from current institution's program director
 - Must be sent (via mail or email) directly from the referee

SUBMIT FELLOWSHIP APPLICATION AND SUPPORTING DOCUMENTS

Email and Mail this application along with the above-mentioned documentation to:

Matthew Swisher, MD MS
Attention: Amber Millen, Fellowship Coordinator
UCSD Anesthesiology Regional Fellowship Program
9500 Gilman Drive, BSB 5006
La Jolla, CA 92093-0629
reganesthesia@ucsd.edu

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Applying for consideration for the following start dates (select all that apply):

Applying for January 2020 position

Applying for September 2020 position

Applying for July 2020 position

Applying for August 2020 position

NAME: _____ / /
Last First Middle D.O.B.: Month Day Year

PRESENT ADDRESS: _____
Street City State Zip Code

PHONE: HOME: _____ WORK / PAGER: _____
(Include City and Country Code if applicable)

PERMANENT ADDRESS: _____
Street City State Zip Code

E-MAIL: _____ **ALTERNATE E-MAIL:** _____

CITIZENSHIP: _____

VISA STATUS (if applicable):

Permanent Resident

Temporary, Specify:

H1

J1

NEAREST RELATIVE NAME/ CONTACT _____

CONTACT ADDRESS: _____
Street City State Zip Code

CONTACT PHONE: _____

SERVICE OBLIGATION (National Health Service Corps, Armed Forces Scholarships, State Programs, etc.):

I am not required to fulfill any service obligations

I am committed to fulfill service obligation beginning _____
Month/Year Number of years commitment

HAVE YOU EVER BEEN DENIED A LICENSE AND/OR PRIVILEGES OR BEEN THE SUBJECT OF OFFICIAL DISCIPLINARY ACTION? No Yes, attach incident(s) specifics

ATTACH RECENT PHOTOGRAPH (OPTIONAL):

*Photograph: Most program directors request a photograph in order to associate a face with the "paper work". If you do not submit one at this time, you should be prepared to provide one when you are interviewed.

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NAME: _____

Academic History			
Undergraduate, Medical and Graduate Education			(Attach CV)
Institution	Location	Degree	Dates of Attendance
(a)			/ / - / /
(b)			/ / - / /
(c)			/ / - / /

Previous Internship, Residency, and/or Fellowship Training			
Institution	Location	Specialty	Dates of Attendance
(a)			/ / - / /
(b)			/ / - / /
(c)			/ / - / /

Research Experience (if applicable)			
Institution	Location	Principal Investigator/ Other	Dates of Attendance
(a)			/ / - / /
(b)			/ / - / /

I have passed the examinations checked below on the dates indicated:

USMLE, STEP I: _____ Date _____ Score _____
 USMLE, STEP II: _____ Date _____ Score _____
 USMLE, STEP III: _____ Date _____ Score _____

COMPLEX I: _____ Date _____ Score _____
 COMPLEX II: _____ Date _____ Score _____
 COMPLEX III: _____ Date _____ Score _____

LIST BOARD CERTIFICATIONS (if applicable):

Board _____ Year Certified _____ Exp. ____/____

Board _____ Year Certified _____ Exp. ____/____

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NAME: _____

LETTERS OF REFERENCE (List name, title, department, institution and address for each)

1. _____

2. _____

3. _____

4. _____

I have read and understand the instructions for the completion of this application. I certify that the information submitted on this entire application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me for this position.

NOTE: THE SIGNATURE AND DATE ON EACH APPLICATION MUST BE ORIGINAL

Signature of Applicant: _____ **Date:** _____