

**Albert Einstein College of Medicine
Montefiore Medical Center
111 East 210th Street
Bronx, NY 10467**

**APPLICATION FOR APPOINTMENT TO PALLIATIVE CARE
FELLOWSHIP TRAINING**

Instructions: Please type or print application clearly

1. Please fill out all portions of this application and attach a recent photograph.
2. The following credentials are required for each application:
 - a. Letter from current Program Director
 - b. 2 Additional letters of recommendation
 - c. Personal statement reflecting the candidate's interest in Palliative Care.
 - d. Photo
3. Send copies of application and have letters sent to:
**Allen Hutcheson, MD, Palliative Care Service, 3335
Steuben Avenue, First Floor, Bronx, NY 10467.**

**Indicate year for which you are applying: _____*

PERSONAL:

Name _____ Soc. Sec. No. _____
Last First Middle

Birth date _____ Birthplace _____ US Citizen ___yes___no

Present Address _____
Number and Street City State Apt. No. Zip Code

Home Telephone Number () _____

Permanent Address _____
Number and Street City State Apt. No. Zip Code

Telephone Number () _____

E-Mail Address: _____

EDUCATION: College and Medical School List all schools beginning with Medical School and ending with College

<u>Institution</u>	<u>Dates of Attendance</u>	<u>Degree and Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL EXPERIENCE

Internship: Hospital _____ Dates From _____ To _____
Address _____

Residency: Hospital _____ Dates From _____ To _____
Address _____

Residency: Hospital _____ Dates From _____ To _____
Address _____

PGY Year: _____

RESEARCH EXPERIENCE: (Include Publications Where Applicable)

HONORS, AWARDS, HONORARY SOCIETIES:

MEDICAL LICENSURE:

State _____ Number _____ Date of Issue _____ Expiration _____

INTERNATIONAL MEDICAL GRADUATES:

Certification: (Check one and enter required information)

_____ 1. Certification by National Board of Medical Examiners Date _____
_____ 2. Standard ECFMG Certificate Number _____ Expiration Date _____
_____ 3. ECFMG Exam: Part I Score _____ Part II Score _____
English _____ Pass _____ Fail _____
_____ 4. Temporary ECFMG: Certificate Number _____

Type of Visa (Check one)

_____ Permanent Resident _____ H-1 Visa
_____ J-1 Visa _____ Refugee/Displaced Person
_____ F-1 Visa _____ Other (Explain)

Applicant's Signature _____ **Date** _____