



Critical Care Medicine

Critical Care Medicine Fellowship
c/o Liz Leonard
Department of Anesthesiology
Medical Center Boulevard
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APPLICATION FOR CRITICAL CARE INTERNAL MEDICINE FELLOWSHIP

Proposed beginning of fellowship 2019 2020 ~ Desired duration One year Two years

Full Name: _____ Title: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H): _____ (C): _____

Fax: _____ E-mail address: _____

Place of birth: _____ DOB: _____ Citizenship: _____

International medical graduates must have a valid ECFMG certificate and completed an ACGME-accredited residency in Internal Medicine or Emergency Medicine to be considered for an interview. In addition, international medical graduates must hold a J-1 visa or have resident alien status.

If a U.S. citizen, please provide the last 4 digits of your Social Security Number:

Government obligations (public health service, etc.): _____

Do you have a full license to practice medicine? Yes No State: _____

Are you Board Certified? Yes No If yes, specify ACGME Board: _____

Future Plans: Teaching Private Practice Generalist Research Specialist

Comments: _____

**** Ask the Dean of your medical school, plus three (3) other individuals, to send a letter of recommendation. Please list the names, titles, addresses, and telephone numbers of the individuals who will write letters.**

1.	Name	Name of Medical School	Dean Title
	Address	City/State/Zipcode	Phone Number
2.	Name		Title
	Address	City/State/Zipcode	Phone Number
3.	Name		Title
	Address	City/State/Zipcode	Phone Number
4.	Name		Title
	Address	City/State/Zipcode	Phone Number

<input checked="" type="checkbox"/> Completed Application Packet will include: <input type="checkbox"/> Completed Application <input type="checkbox"/> Dean's Letter <input type="checkbox"/> Three letters of Recommendation <input type="checkbox"/> Current Curriculum Vitae <input type="checkbox"/> USMLE or COMLEX Scores <input type="checkbox"/> ECFMG certificate (if applicable) <input type="checkbox"/> Additional information you feel pertinent	Send Application Packet and supporting documents to: Drew MacGregor, MD, FCCP Critical Care Medicine Fellowship Program Department of Anesthesiology Wake Forest School of Medicine Medical Center Boulevard Winston-Salem, NC 27157-1009
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For questions, call or email:
 Liz Leonard (336) 716.6533
liz.leonard@wakehealth.edu