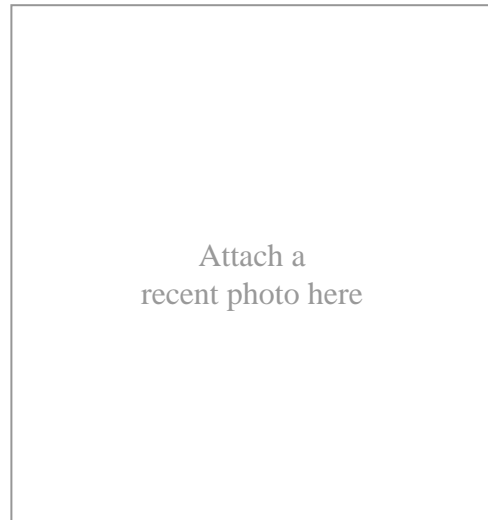


**OB Anesthesiology Fellowship**  
**Department of Anesthesiology**  
**Wake Forest School of Medicine**  
**Medical Center Boulevard**  
**Winston-Salem, NC 27157-1009**  
**Tel: 336.716.4498 Fax: 336.716.0934**



**2021-2022**

**APPLICATION FOR OB ANESTHESIOLOGY FELLOWSHIP**

*This is a 12-month ACGME-accredited fellowship that commences around July/August each year (exact date negotiable).*

Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone (H): (\_\_\_\_) \_\_\_\_\_ Telephone (W): (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Whom should we contact in case of emergency? \_\_\_\_\_  
(Name) (Telephone Number) (Relationship)

Pre-Medical Post-Graduate Education (include school name, city, state and **month and year** of graduation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical School (include school name, city, state and **month and year** of graduation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Achievements (awards, honorary societies, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## International Medical Graduates

All international medical graduates must have an ECFMG certificate, passed all three steps of the USMLE exam, and have or be eligible for an unrestricted North Carolina medical license. We strongly prefer for candidates to have completed an ACGME accredited Anesthesiology residency program.

USMLE Board Certification Scores (Steps 1, 2, 3): Please enclose a copy of your official score sheet(s).

Post-Medical School Training, (include name of institution, city, state, dates of attendance, and specialty):

Internship: \_\_\_\_\_

Residency: \_\_\_\_\_

Specialty: OB Anesthesia

Prior Fellowships: \_\_\_\_\_

Comments: \_\_\_\_\_

Ask four people, **including your department chair and the dean of your medical school** to send a letter of recommendation to us. Please list their names, titles, addresses, and telephone numbers.

|    |         |  |                  |
|----|---------|--|------------------|
| 1. | _____   | Department Chair   | _____            |
|    | Name    | Title  |                  |
|    | _____   | _____  | _____            |
|    | Address | City/State/Zip   | Telephone Number |
| 2. | _____   | Medical School Dean <i>(Will accept copy of official "Dean's Letter.")</i> | _____            |
|    | Name    | Title  |                  |
|    | _____   | _____  | _____            |
|    | Address | City/State/Zip   | Telephone Number |
| 3. | _____   | _____  | _____            |
|    | Name    | Title  |                  |
|    | _____   | _____  | _____            |
|    | Address | City/State/Zip   | Telephone Number |
| 4. | _____   | _____  | _____            |
|    | Name    | Title  |                  |
|    | _____   | _____  | _____            |
|    | Address | City/State/Zip   | Telephone Number |

Please send application, personal statement, curriculum vitae, and letters of recommendation to:

Laura Dean, MD

c/o Susan Clayton, OB Anesthesiology Fellowship Coordinator

Department of Anesthesiology

Wake Forest School of Medicine

Medical Center Boulevard

Winston-Salem, North Carolina 27157-1009

If you have questions, please contact us at: 336.716.4498; fax 336.716.0934;

E-mail: [sclayton@wakehealth.edu](mailto:sclayton@wakehealth.edu)