

PAIN MEDICINE FELLOWSHIP APPLICATION

Case Western Reserve University
University Hospitals of Cleveland
Department of Anesthesiology
11100 Euclid Avenue
Cleveland, OH 44106-5007

NAME: _____
Last First Middle
PROGRAM: PGY5 Other
Fellowship: _____

SSN: _____
Social Security Number
Effective Date: _____

EDUCATION

Medical School _____ City/State _____ Graduation Date _____ Degree _____

Undergraduate _____ City/State _____ Graduation Date _____ Degree _____

List any residency and/or hospital appointments since graduation:

LICENSE INFORMATION

Licensed in: _____ License Number: _____
State

USMLE Part I _____ Date _____ Flex: _____ Date _____
Part II _____ Date _____
Part III _____ Date _____ ECFMG # _____

ATTACH
PHOTOGRAPH

Permanent Address _____

City/State/Zip _____

Telephone _____

Present Address _____

City/State/Zip _____

Telephone _____

Signature _____ Date _____

CITIZENSHIP

Country of citizenship: _____ If not US citizen: _____

Type of Visa: _____ Do you intend to apply for US citizenship? Yes No

NOTE: Only J-Visa, permanent resident or US citizenship accepted.

GENERAL HEALTH

Describe your general health: _____

Is there any reason that you could not perform the essential functions of a resident physician in the training program of the Department of Anesthesiology, with or without accommodation?

Yes No If yes, please explain:

APPLICATION PROCESS

First year appointments are made through the National Residency Matching Program. CA-1/PG-2 appointments can be made outside NRMP for current interns. All applicants should forward completed applications including: updated curriculum vitae, three (3) letters of reference from current supervisors (physician or scientists), Dean's letter, a certified copy of medical school transcript to:

Terrah Northern
Administrative Assistant
Division of Pain Medicine
University Hospitals Case Medical Center
11100 Euclid Avenue MVP 5003
Cleveland, OH 44106
Tel. 216 844-2685 Fax 216 983 2088

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