



Department of Anesthesiology
APPLICATION FOR POSTGRADUATE TRAINING IN
ANESTHESIOLOGY/PAIN MANAGEMENT

Name: _____
Last _____
First _____
Middle _____

POSITION BEGINNING IN: _____
(Year)

Name	Last	First	Middle	Social Security Number
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I am applying to the following Graduate Program: Program Description

Name of Hospital	City	State	Zip
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Previous Internships/Residencies (attach additional pages if necessary):

Hospital (s)	Address:
Type:	Dates:
Hospital (s)	Address:
Type:	Dates:

MEDICAL EDUCATION

Name: _____
Address: _____
Degree / Year: _____

GRADUATE EDUCATION

Graduate School(s)	Dates Attended		Graduate Degree (if any)	Area of Study
	From Mo/Yr	To Mo/Yr		
Name				
City	State			
Name				
City	State			

UNDERGRADUATE EDUCATION

Undergraduate School(s)	Dates Attended		Degree (if any)	Major
	From Mo/Yr	To Mo/Yr		
Name				
City	State			
Name				
City	State			
Name				
City	State			

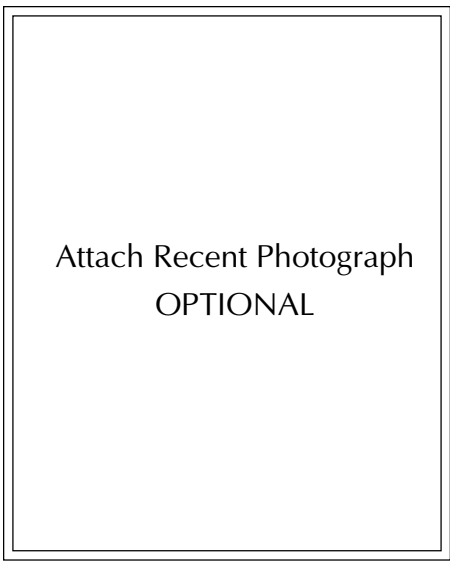
Personal Statement (Use additional sheet, if necessary)

SERVICE OBLIGATIONS (National Health Service Corps, Armed Forces Scholarship, State Programs, etc)

I am not required to fulfill any service obligations

I am committed to fulfill a service obligation beginning _____
(Month/Year) Number of Years Committed _____

Name:		
Last	First	Middle
Social Security Number	ECFMG Registration (if Applicable)	
E-mail address:		
Present Address : (Street)		
(City)	(State)	(Zip)
Present Phone Numbers		
Day ()	Evening ()	
Number of Dependents	Visa Status (if applicable) <input type="checkbox"/> Permanent	
Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Other	<input type="checkbox"/> Temporary – specify: <input type="checkbox"/> J-1 <input type="checkbox"/> H-1	
Permanent Address: C/O (Name of person through whom I can always be contacted)		
City	State	Zip
Permanent Phone No. ()		



Street

I plan to take the examinations checked below before I begin the Graduate Medical Education program for which I am now applying:

- USMLE, Step 1
 USMLE, Step II
 USMLE, Step III

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

NBME, Part 1: _____ (date)
 NBME, Part II: _____ (date)
 NBME, Part III: _____ (date)

USMLE, Step 1: _____ (date)
 USMLE, Step II: _____ (date)
 USMLE, Step III: _____ (date)

Flex: _____ (date) _____ (State(s) of Licensure)

List any addition examinations passed: (FMGEMS, Day 1; FMGEMS, Day 2; VQE Day 1, VQE, Day 2; ECFMG Medical Science Exam)

Interview Scheduling

The following general time period is most convenient for me: From: _____ To: _____

I am able to schedule an interview on the following specific date(s):
 _____ (date) _____ (date) _____ (date) _____ (date)

I am not able to come for an interview

I certify that the information submitted on these application materials is complete and correct to the best of my knowledge: I understand that any false or missing information may disqualify me for this position.

Signature of applicant: _____ Date: _____

NOTE: THE SIGNATURE AND DATE ON APPLICATION MUST BE ORIGINAL

Letters of reference from Dean of Medical School with transcript and three individuals who can assess your skills:

Name and Title

Institution

Address

Name and Title

Institution

Address

Name and Title

Institution

Address

Name and Title

Institution

Address

(Check One) I hereby waive access to the above letters and will so inform the authors

I desire access to the above letters and will so inform the authors

Signature of applicant: _____ Date: _____

Name of Applicant – Type or Print: _____

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Inquiries should be addressed to:

Director, Resident Recruitment / Selection
Pain Management Fellowship
Department of Anesthesiology
SUNY Upstate Medical University
750 E. Adams Street
Syracuse, New York 13210

Telephone: (315) 464-4720