

New York University School of Medicine
Department of Anesthesiology
 550 First Avenue, New York, NY 10016

Cardiothoracic Anesthesia Fellowship Application Form

(Attach your most recent photo signed)

I am applying for the following academic year: _____

Name _____ **Present Address** _____

Permanent Mailing Address _____

Contact # _____ **Email address** _____

College or University and Medical School	Dates Attended	Degree, Honors, Awards
	to	
	to	
	to	
	to	

Post Graduate Training

Name and Location	Dates Attended	Type of Service
	to	
	to	
	to	
	to	
	to	
	to	

Are you licensed in New York State? Yes () No () Cert. # _____ Date of expiration: _____
(Please note that it is a requirement of the fellowship program that you must have your New York State License prior start date)

Are you licensed in any other state? Yes () No () If yes, Specify state _____

Have you passed the USMLE? () Step 1 () Step 2 CK () Step 2 CS () Step 3
 If you have not passed all three, please provide the dates on which you intend to take the exam _____

If applicable, have you been awarded ECFMG Certificate? Yes () No ()
 ECFMG Score _____ Certificate# _____ Date _____

Awards and Honors

_____ Date _____

_____ Date _____

_____ Date _____

List Publications (if any)

List two Physicians that you have worked with, who knows you well, and will provide us with letters of recommendation on your behalf:

1. Name _____ Title _____ Address _____
2. Name _____ Title _____ Address _____

Please have your school send directly to us a copy of your Dean's letter and transcript.

Mail the completed application along with a copy of your CV and USMLE/ECFMG Certificate to:

**New York University School of Medicine
Department of Anesthesiology
550 First Avenue, RI-605
New York, NY 10016**

**Attention: Sonia Taylor
Fellowship Coordinator**