Wake Forest University Baptist
MEDICAL CENTER

OB Anesthesia
http://www1.wfubmc.edu/anesthesiology

OB Anesthesia Fellowship
Department of OB Anesthesia
Wake Forest University School of Medicine
Forsyth Medical Center
3333 Silas Creek Parkway 27103
Tel: 336.718-8278 Fax: 336.718-9271

Attach a
recent photo here

2014-2015

APPLICATION FOR OB ANESTHESIA 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 (*Will accept copy of official "Dean's Letter."*)
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, M.D.
c/o Lori Bailey, OB Anesthesia Fellowship Coordinator
Department of OB Anesthesia
Wake Forest University School of Medicine
Forsyth Medical Center
3333 Silas Creek Parkway

Winston-Salem, North Carolina 27103
If you have questions, please contact us at: (336) 718-8278; fax (336) 718-9271
E-mail: lhbailey@novanthealth.org