

**Regional Anesthesia & Acute
Pain Management**

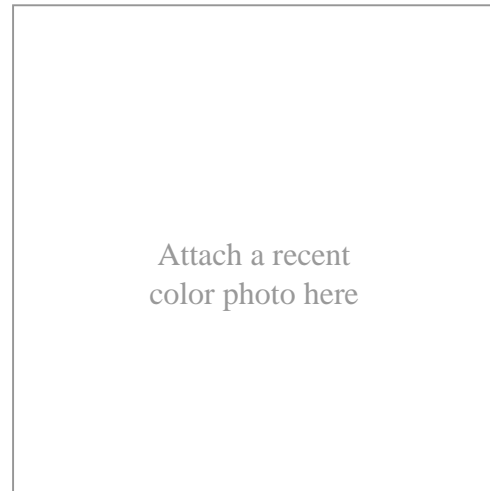
RAAPM Fellowship

**Department of Anesthesiology
Wake Forest School of Medicine
Medical Center Boulevard**

Winston-Salem, NC 27157-1009

Tel: (336) 716-7194 Fax: (336) 716-8190

www.wakehealth.edu/School/Anesthesiology



APPLICATION FOR RAAPM FELLOWSHIP

Proposed beginning of fellowship 2018 2019

Full Name: _____

Present Address: _____
(Street) (City) (State) (Zip)

Permanent Address: _____
(Street) (City) (State) (Zip)

Telephone (H): (____) _____ Telephone (W): (____) _____

E-mail Address: _____ Place of Birth: _____

Citizenship: _____ Last 4 digits of Social Security Number:

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

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.

Examination Information:

Board Certification Scores: STEP I: _____ STEP II: _____ STEP III: _____

Are you US Board Certified? _____ Certification Board and Number: _____

Are you Board Certified in another Country? _____ Certification Type and Country: _____

Post-Graduate Experience (include name of institution, city, state, dates of attendance, and specialty):

Internship: _____

Residency: _____

Prior Fellowships: _____

Premedical Education (list colleges, degrees, and dates): _____

A completed application includes:

- Fellowship Application
- Current CV
- Personal Statement
- Copy of Medical School Transcript and Dean's Letter
- Copy of Board Certification or Most Recent In-Training Examination Report
- Copies of USMLE Steps I, II, and III
- Copy of ECFMG Certification (if applicable)
- Three letters of reference one of which should be from your residency program director.

Ask three people, including your department Chair and Residency Program Director to send recommendations to us. Please list their names.

1.	Residency Program Director			
	Name			Title
	Address	City	State	Phone Number
2.				
	Name			Title
	Address	City	State	Phone Number
3.				
	Name			Title
	Address	City	State	Phone Number

PLEASE SEND APPLICATION AND SUPPORTING DOCUMENTS TO:

Doug Jaffe, DO, Fellowship Director
 c/o Linda Marion
 Wake Forest School of Medicine
 Medical Center Boulevard
 Winston-Salem, North Carolina 27157-1009

If you have questions, please contact Linda Marion at:

Phone: (336) 716.7194

Fax (336) 716.8190

lm Marion@wakehealth.edu