

**UMASS CHAN MEDICAL SCHOOL**  
**DEPARTMENT OF ANESTHESIOLOGY & PERIOPERATIVE MEDICINE**

55 LAKE AVE NORTH  
WORCESTER, MA 06155  
PHONE: 508-856-3821

PROGRAM DIRECTOR: MASILO GRANT Masilo.Grant@umassmemorial.org  
PROGRAM COORDINATOR: MYLES ASENSOH Myles.Asensoh@umassmed.edu

**ANESTHESIOLOGY CRITICAL CARE MEDICINE FELLOWSHIP APPLICATION**

Program: Anesthesiology Critical Care Medicine

PGY Level: 5

Training to begin: \_\_\_\_\_

Number of years of training sought: 1

**PERSONAL DATA:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Telephone: \_\_\_\_\_

\_\_\_\_\_

Night Telephone: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

**EDUCATION:**

	School Name and Location	Major Field	Degree	Dates
Undergraduate				
Graduate				
Medical School				

**RESIDENCY TRAINING:**

Hospital Name and Location	Program	Dates

**Please indicate any other professional activities (practice, research, military, training) since graduation from medical school:**

Activity	Location	Dates

**CURRENT LICENSURE:**

State	License Number	Date Issued	Date Expired

**EXAMINATIONS:**

USMLE Step 1: \_\_\_\_\_ COMLEX Step 1: \_\_\_\_\_

USMLE Step 2 CK: \_\_\_\_\_ COMLEX Step 2: \_\_\_\_\_

USMLE Step 3: \_\_\_\_\_ COMLEX Step 3: \_\_\_\_\_

Anesthesia ITE CA0: \_\_\_\_\_ Anesthesia ITE CA1: \_\_\_\_\_

Anesthesia ITE CA2: \_\_\_\_\_ Anesthesia ITE CA3: \_\_\_\_\_

**BOARD CERTIFICATIONS:**

Eligible in: \_\_\_\_\_

\_\_\_\_\_

Certified in: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**ECFMG STATUS:**

ECFMG number: \_\_\_\_\_

Valid until: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**VISA STATUS** – If you are not a citizen of the U.S., please provide the following information:

Current Non-Immigrant (Temporary) Visa Type: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Or

Current Immigrant (Permanent) Status: \_\_\_\_\_

Expected Visa or Immigration Status at the time of Appointment: \_\_\_\_\_

**NATIONAL MATCH PROGRAM:**

Have you signed an agreement with the National Resident Matching Program or SF Match (circle one): YES / NO

**INTERVIEW AVAILABILITY** (if invited for an interview, when are you available?): \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please attach a copy of your Curriculum Vitae and a personal statement describing your reason for pursuing a critical care fellowship and your future career goals.

Attach a recent 3" x 3" photograph (optional)

REFERENCES: Please identify three faculty members/attending physicians who are familiar with your clinical performance and request letters of reference be sent via email to the program director and program coordinator.

Name and Title	Email Address
1.	
2.	
3.	

DATE OF APPLICATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please return this application to the UMass ACCM Fellowship Program Director and Program Coordinator. Upon review, the program may request additional information, including a Dean's Letter/MSPE, score reports, or additional references.

Please note: The University of Massachusetts Medical Center is an Affirmative Action/Equal Opportunity Employer and is committed to increasing minority representation among its Residents and Fellows. If you wish to do so, please list your minority status: \_\_\_\_\_