

UNIVERSITY OF NEBRASKA MEDICAL CENTER

EMS FELLOWSHIP APPLICATION

GENERAL INFORMATION

Name: _____

Maiden name (if applicable): _____

Preferred Name: _____

Email: _____

Gender:

Birth Date: _____

Birth Place: _____

Citizenship: _____

US Citizen: Yes No

Permanent resident: Yes No

If no, type of Visa _____

International Medical Graduate: Yes No

ECFMG Certified: Yes No

If yes, include a copy of your ECFME Certificate

Present Mailing Address: _____

Preferred Phone: _____

Alternate Phone: _____

Military Service Obligation/Deferment: Yes No

Other Service Obligations: Yes No

Misdemeanor Convictions in the United States: Yes No

Felony Conviction in the United States: Yes No

Limitations Yes No

If yes, attach a written explanation stating the nature, resolution, and date of the case(s)

MEDICAL LICENSURE

ACLS: Yes No

Expiration Date: _____

PALS: Yes No

Expiration Date: _____

DEA _____

Board Certification _____

Medical Licensure Suspended/Revoked/Voluntarily Terminated: Yes No

Ever Named in a Malpractice Suit Yes No

EDUCATION INFORMATION

Undergraduate Institution (Name and Location)	Dates Attended	Degree
_____	_____ to _____	_____

_____	_____ to _____	_____
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Medical School(s) (Name and Location)	Dates Attended	Degree
_____	_____ to _____	_____

_____	_____ to _____	_____
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_____	_____ to _____	_____
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Graduate Training (Name and Location)	Dates Attended	Degree
_____	_____ to _____	_____

_____	_____ to _____	_____
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Graduate Medical Education Training (Institution Name and Location) Residency	Dates in Training	Specialty
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_____	_____ to _____	_____
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Fellowship (if applicable) (Institution Name and Location)		
_____	_____ to _____	_____

OTHER AWARDS/ACCOMPLISHMENTS

REQUIRED DOCUMENTS

The following documents need to be submitted with your application

- CV
- Personal Statement
- 3 Letters of Recommendation
- Certificate of completion for your prior training or letter from your current program director indicating that you are in good standing and will graduate prior to the beginning of the fellowship