

Brigham and Women's Hospital Harvard Medical School

Procedure for Application- Neuro Anesthesia Fellowship Program

- 1. **Complete the below application and return** to Aymee Beaudoin (<u>abeaudoin1@bwh.harvard.edu</u>) and CC Dr. Nicolai Goettel (<u>ngoettel@bwh.harvard.edu</u>).
- 2. Three (3) letters of reference from professional colleagues.
- 3. Medical school transcript
- 4. **Personal Letter;** one (1) sheet of paper describing past outstanding successes and future plans.
- 5. Curriculum Vitae
- 6. USMLE, COMPLEX, LMCC or equivalent scores, copy of formal documentation
- 7. ACLS certification status
- 8. Valid ECFMG Certificate (if applicable)

All required materials should be sent directly to:

Aymee Beaudoin Fellowship Program Manager

Brigham and Women's Hospital Department of Anesthesia, CWN L111 75 Francis Street Boston, MA 02115

Department of Anesthesiology, Perioperative & Pain Medicine 75 Francis Street, Boston, Massachusetts 02115 Tel: 617-732-8218

General Information _____ Last Name _____ Middle Name ____ First Name Mailing Address Telephone _____ Email _____ SSN#____ Citizenship ______ Visa Type if applicable ______ USMLE Score Step I _____ Step II _____ Step III _____ ECFMG# if applicable_____ **Education Post-Graduate** University/College Name ____ _ Degree ___ _____ Graduation Date (mm/yyyy) ____ Major ____ Honors ____ **Pre-Medical** University/College Name Degree Degree Major Graduation Date (mm/yyyy) Honors **Medical Education** University/College Name Degree _____ Graduation Date (mm/yyyy) Major ____ Honors **Current/Prior Training** Internship Hospital ____ City, State Attended Dates _____ Internship Type ____ (mm/dd/yyyy to mm/dd/yyyy) Residency _____ City, State _____ Hospital ____ Attended Dates _____ Residency Type _____ (mm/dd/yyyy to mm/dd/yyyy)