BRIGHAM AND WOMEN'S HOSPITAL

HARVARD MEDICAL SCHOOL

Emergency Medicine Critical Care
2021 Fellowship Application Form

Thank you for your interest in the Emergency Medicine Critical Care Fellowship at Brigham and Women's Hospital and Harvard University.

All fellowship candidates must be ABEM certified, or Board eligible, before the July 1 fellowship start date. This generally means that fellows will have completed a residency in Emergency Medicine in the US or Canada. We regret that we cannot accept applications from candidates who do not meet this criterion.

All application materials below must be received in full before the application deadline, **Friday, July 31, 2020, at 12:00pm EST.**

Please submit the following items by **email** to rvanrooyen@bwh.harvard.edu

1. This application form
2. CV and current photo
3. Personal statement
4. In-service/In-training scores
5. Medical School transcripts
6. Three letters of recommendation (one from current Residency Director or Chairman) *sent directly from the recommender* by **email** to rvanrooyen@bwh.harvard.edu

Please have official transcripts and in-service exam scores *sent directly from the institution* by **mail** to:

Richard VanRooyen
BWH Emergency Critical Care Medicine Fellowship
Brigham and Women's Hospital
Department of Emergency Medicine
75 Francis Street – Neville House
Boston, MA 02115

CURRICULUM VITAE

Send your CV as a separate email attachment. Please include awards, honors, and publications in your CV.

PERSONAL STATEMENT

Send your personal statement as a separate email attachment. Include your name at the top of the page. Please limit your personal statement to **one single-spaced page.**

BRIGHAM AND WOMEN'S HOSPITAL

HARVARD MEDICAL SCHOOL
Teaching Affiliate

APPLICANT INFORMATION

First Name	Last Name	Suffix (MD, DO, MPH)
Email		Country of Citizenship

Contact Address

Street Address			
City	State	Postal Code	Country
Home Phone	Mobile Phone	Fax	

EDUCATION AND TRAINING

Undergraduate Education

Institution (City, State/Country)	Dates Attended	Degree, Field of Study

Medical School

Institution (City, State/Country)	Dates Attended	Degree, Field of Study

EM Residency Format

Place an 'X' in the appropriate box		PGY 1-3		PGY 2-4		PGY 1-4

Internship/Residency/Fellowship

Institution (City, State/Country)	Dates Attended	Specialty

Other Graduate Education

Institution (City, State/Country)	Dates Attended	Degree, Field of Study

BRIGHAM AND WOMEN'S HOSPITAL
HARVARD MEDICAL SCHOOL
TEACHING AFFILIATE

LICENSING AND CERTIFICATION

Active Medical Licenses

Type	Certificate Number	Valid dates	Issuing Agency

Emergency Medicine Board Eligibility/Certification

Will you be American Board of Emergency Medicine (ABEM) board eligible or certified in emergency medicine by the July 1 fellowship start date?		Yes		No	
If no, please explain:					

Please feel free to contact us, rvanrooyen@bwh.harvard.edu, or call (617) 732-5909, with any questions about the fellowship or your application.