STANFORD UNIVERSITY MEDICAL CENTER
STANFORD, CALIFORNIA 94305-5640
(650) 723-6415

APPLICATION FOR CLINICAL FELLOWSHIP IN ANESTHESIA

(Please… COMPLETE ALL SECTIONS)

(Check boxes: If completing this form on the computer, double-click a box to select it, and then double-click "checked".)

APPLICATION DATE _____ **START DATE :** _____ **TYPE of FELLOWSHIP PROGRAM DESIRED:** _____

Name _____ (☐ MD, ☐ PhD, ☐ Other _____ Work Phone _____

Address _____ Work Fax _____

_____ Pager _____

Home Phone: Cell Phone: Email:

Citizenship _____ (If "USA", ☐ Native born or ☐ Naturalized) Birth date _____

Birthplace: City: _____ State/Province: _____ Country: _____

VISA type/status ☐ ***J-1*** ☐ ***EAD*** ☐ ***PERM. RESIDENT***

US Social Security #

NPI #:

(National Provider Identifier)

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the **National Plan and Provider Enumeration System (NPPES)** to assign these unique identifiers.

If you do not have an NPI #, please go to the following website to apply for one:
https://nppes.cms.hhs.gov/NPPES/Welcome.do

PERSON FOR PERMANENT CONTACT:

Name: Phone:

Address:

SUPPLEMENTAL INFORMATION

Please note that Stanford University Medical Center is committed to increasing representation of women and members of minority groups in its residency and fellowship training programs, and particularly encourages applications from such individuals. The Department of Anesthesia fully supports this policy. You are invited to identify, from the list below, your racial/ethnic background. Your choice to provide or not to provide this information will in no way affect your application.

SCORES FROM USMLE/NATIONAL BOARD ***(PLEASE PROVIDE COPY OF ACTUAL SCORES)***	#1	#2	#3
SCORES FROM YOUR ITE (IN-TRAINING EXAM) ***Given by the ASA/ABA for those who have done an anesthesia residency*** ***PLEASE PROVIDE THE NATIONAL PERCENTILE SCORE*** ***(PLEASE PROVIDE COPY OF ACTUAL SCORES)***	#1	#2	#3

ETHNIC GROUP

- ☐ African American
- ☐ American Indian or Alaska Native
- ☐ Caucasian
- ☐ Asian/Pacific Islander
- ☐ Hispanic - Mexican/American or Chicano
- ☐ Hispanic - Puerto Rican (Mainland)
- ☐ Hispanic - Puerto Rican (Commonwealth)
- ☐ Hispanic - Other Hispanic

PHOTO
(Optional)

EDUCATION & TRAINING

COLLEGE or UNIVERSITY	MAJOR	DEGREE	YEARS	SCHOLARSHIPS/HONORS

MEDICAL SCHOOL	YEARS	SCHOLARSHIPS/HONORS

POSTGRADUATE TRAINING & EXPERIENCE

	PROGRAM/CITY	TYPE	DATES
INTERNSHIP			-
RESIDENCY			-
RESIDENCY			-
FELLOWSHIP			-
PRACTICE			-

MEDICAL LICENSURE

State:		Number:		Expires:	

State:		Number:		Expires:	

ANESTHESIA EXPERIENCE

Operating Room

Other (ICU, OB, Pain, etc)

ANESTHESIA SUB-SPECIALTY of INTEREST and WHY

SIGNIFICANT NON-MEDICAL EXPERIENCE (*Community Service, Work Experience, etc.)*

RESEARCH EXPERIENCE (*Indicate Undergraduate, Graduate, and Medical School*)

PUBLICATIONS (*You may reference your CV*)

FUTURE PROFESSIONAL PLANS

IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES.