



APPLICATION FOR ACUTE PAIN MANAGEMENT AND REGIONAL ANESTHESIA (APM & RA) FELLOWSHIP TRAINING IN THE DEPARTMENT OF ANESTHESIOLOGY AT UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE HEALTH SCIENCE CENTER P.O. Box 100254 UFHSC GAINESVILLE, FL 32610-0254 Tel: 352-846-1295)

Date \_\_\_\_\_ Date you wish to begin \_\_\_\_\_

1. PERSONAL DATA

Name in Full \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: \_\_\_\_\_

Sex \_\_\_ M \_\_\_ F

Date of Birth (MM/DD/YY) \_\_\_\_\_ Place of Birth \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No (see #6) \_\_\_\_\_

2. LICENSURE ELIGIBILITY REQUIREMENTS

If you wish to receive credit from the American Board of Anesthesiology, the Board requires that you obtain medical licensure or pass a qualifying examination before beginning your fellowship.

A. Qualifying Examinations

United States Medical Licensing Examination: Step 1 \_\_\_\_\_ Step 2 \_\_\_\_\_ Step 3 \_\_\_\_\_

National Boards: Part I Score \_\_\_\_\_ Part II Score \_\_\_\_\_

Part III Score \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_

FLEX: State \_\_\_\_\_ Date \_\_\_\_\_

B. Licensure

State of Licensure \_\_\_\_\_ Date \_\_\_\_\_ Number \_\_\_\_\_

3. EDUCATION AND EXPERIENCE (use separate page if necessary)

Undergraduate \_\_\_\_\_ Dates \_\_\_\_\_

Location \_\_\_\_\_ Degree \_\_\_\_\_

Medical School \_\_\_\_\_ Graduation Date \_\_\_\_\_ (Month/Year)

Location \_\_\_\_\_

Honors \_\_\_\_\_ Degree \_\_\_\_\_

Current Employment/training \_\_\_\_\_

List chronologically your activities from the time of graduation from medical school *to the present*. Specify type of internship or post-MD specialty training.

<u>From/To</u>	<u>Activity</u>	<u>Place</u>	<u>Degree, If any</u>	<u>Program Director</u>

Membership in professional societies and others \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. MILITARY OBLIGATIONS**

In reserves? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_ Dates of Commitment \_\_\_\_\_

**5. LETTERS OF REFERENCE**

At least three letters of reference are required. One must be from the Residency Director of your Residency Training Program and at least two others should be from physicians who have observed or supervised you during residency or other recent training program, as applicable.

List below the names of all your references and have them write directly to us.

1. \_\_\_\_\_  
Name Address City State Zip
2. \_\_\_\_\_  
Name Address City State Zip
3. \_\_\_\_\_  
Name Address City State Zip

Others: \_\_\_\_\_  
\_\_\_\_\_

**6. CITIZENSHIP (Complete if applicable)**

**IF A NATURALIZED CITIZEN:** Naturalization Certificate Number \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

**IF NOT A U.S. CITIZEN:**

**Immigrants**

Alien Registration Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Non-Immigrant Aliens**

Visa Number \_\_\_\_\_ Type of Visa \_\_\_\_\_

Expiration Date \_\_\_\_\_ Nationality \_\_\_\_\_

## Refugees

If you do not have an alien registration card or a visa, please send us a copy of the card attached to your passport by the Immigration Service and complete the section below:

Country that issued your passport \_\_\_\_\_

Passport No. \_\_\_\_\_ Current status \_\_\_\_\_

Are you a graduate of a foreign medical school? \_\_\_\_\_

If yes, please give name of school and year of graduation \_\_\_\_\_

ECFMG Number \_\_\_\_\_ Standard or Interim \_\_\_\_\_

Have you passed the Visa Qualifying Exam (VQE) \_\_\_\_\_ Date of VQE \_\_\_\_\_

Have you received licensure from a country other than U.S. \_\_\_\_\_

If so, Country \_\_\_\_\_ Province \_\_\_\_\_ Date \_\_\_\_\_

International Medical Graduates who are not native American English speakers MUST complete the Test of the Spoken English Language. You must attain at least a score of 55 on this examination or your application for residency cannot be considered. Evidence of achievement of this score or higher must be submitted or your application will not be considered. You can obtain information about this test from the following website: <http://www.toefl.org/abtse.html>

**7. Please attach a brief paragraph about your goals as a future APM & RA specialist or please include your goals in your personal statement.**

### ENCLOSE WITH THIS APPLICATION:

Recent Photograph (Passport Type)

Current Curriculum Vitae

Personal Statement

If Applicable: Copy of ECFMG certificate  
Copy of Visa (for Non-Immigrant Alien)  
Copy Alien registration Card (for Immigrant Non-Citizen)

**Please email your application packages to our Fellowship Program Coordinator, Christie McLaughlin, at [cmclaughlin@anest.ufl.edu](mailto:cmclaughlin@anest.ufl.edu).**

\_\_\_\_\_  
Signature of Applicant

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