



Partners HealthCare Fellowship in Emergency Medicine Administration Application Form

Thank you for your interest in the Emergency Medicine Administration Fellowship at Brigham Health, Massachusetts General Hospital, and Harvard University.

All fellowship candidates must be [ABEM](#) board 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 of **Thursday, August 1, 2019**. Candidates must apply separately for the MS program in Health Care Management to the Harvard T.H. Chan School of Public Health by the December 1 deadline at: www.hsph.harvard.edu/admissions

Please submit the following items by email to echarles@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

Please have three letters of recommendation (one from current residency director or chair) sent directly from the recommender by email to echarles@bwh.harvard.edu.

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

Eunice Charles
BWH Emergency Medicine Administration Fellowship
Brigham and Women's Faulkner Hospital
1153 Centre Street
Boston, MA 02130

Please feel free to contact us at (617) 983-7168 or via email at echarles@bwh.harvard.edu with any questions about the fellowship or your application.

Important Dates for 2019

Fellowship Application Deadline:	August 1
Interview Day:	September 11
HSPH Application Deadline:	December 1

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**.

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
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Internship/Residency/Fellowship

Institution (City, State/Country)	Dates Attended	Specialty

Other Graduate Education

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

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 indicate your preferred institution for operational experience:

Place an 'X' in the appropriate box		Brigham and Women's Hospital		Massachusetts General Hospital
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