



EMS Fellowship Application

General Information

Name:

Designated Pronouns:

Gender:

Birth Date:

Email:

Phone Number:

Current Mailing Address:

NRMP ID:

Most Recent Medical School:

Most Recent Residency Program:

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Citizenship and Visa Status

Are you authorized to work in the US: Y/N

Citizenship: Are you a United States Citizen, National, Legal Permanent Resident?: Y/N

Visa Status (if applicable):

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Military Service Obligation/Deferment:

Other Service Obligations:

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Are you able to carry out the responsibilities and requirements of the specific training program to which you are applying without accommodation? Y/N

Misdemeanor Conviction in the United States? Y/N

Felony Conviction in the United States? Y/N

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Medical Licensure

State & Number:

Medical Licensure ever Suspended/Revoked/Voluntarily Terminated? Y/N

Ever Named in a Malpractice Suit? Y/N