

# Brigham and Women's Hospital Harvard Medical School

## Procedure for Application- Perioperative Medicine and Ambulatory Anesthesia Fellowship Program

1. **Complete the below application and return** to Aymee Beaudoin ([abeaudoin1@bwh.harvard.edu](mailto:abeaudoin1@bwh.harvard.edu)) and CC Dr. David Hepner ([dhepner@bwh.harvard.edu](mailto:dhepner@bwh.harvard.edu)).
2. **Three (3) letters of reference** from professional colleagues.
3. **Medical school transcript**
4. **Personal Letter**; one (1) sheet of paper describing past outstanding successes and future plans.
5. **Curriculum Vitae**
6. **USMLE, COMPLEX, LMCC** or equivalent scores, copy of formal documentation
7. **ACLS certification status**
8. **Valid ECFMG Certificate** (if applicable)

### **All required materials should be sent directly to:**

Aymee Beaudoin  
Fellowship Program Manager

Brigham and Women's Hospital  
Department of Anesthesia, CWN L111  
75 Francis Street  
Boston, MA 02115

## General Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

SSN# \_\_\_\_\_ Citizenship \_\_\_\_\_ Visa Type *if applicable* \_\_\_\_\_

USMLE Score Step I \_\_\_\_\_ Step II \_\_\_\_\_ Step III \_\_\_\_\_ ECFMG# *if applicable* \_\_\_\_\_

## Education

### Post-Graduate

University/College Name \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Graduation Date *(mm/yyyy)* \_\_\_\_\_

Honors \_\_\_\_\_

### Pre-Medical

University/College Name \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Graduation Date *(mm/yyyy)* \_\_\_\_\_

Honors \_\_\_\_\_

### Medical Education

University/College Name \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Graduation Date *(mm/yyyy)* \_\_\_\_\_

Honors \_\_\_\_\_

## Current/Prior Training

### Internship

Hospital \_\_\_\_\_ City, State \_\_\_\_\_

Internship Type \_\_\_\_\_ Attended Dates \_\_\_\_\_  
*(mm/dd/yyyy to mm/dd/yyyy)*

### Residency

Hospital \_\_\_\_\_ City, State \_\_\_\_\_

Residency Type \_\_\_\_\_ Attended Dates \_\_\_\_\_  
*(mm/dd/yyyy to mm/dd/yyyy)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date