

Brigham and Women's Hospital Harvard Medical School

Procedure for Application- Thoracic Anesthesia Fellowship Program

1. **Complete the below application and return** to Aymee Beaudoin (abeaudoin1@bwh.harvard.edu) and CC Dr. Stephanie Yacoubian (syacoubian1@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