 

**HMS Fellowship in Patient Safety and Quality**

**Application Form for Positions beginning July 1, 2020**

**Personal Data**

Name (first, middle, last):

Preferred mailing address:

Telephone:       Fax:

E-mail:

Professional Degree:

Are you a citizen of the United States, a non-citizen U.S. national or permanent resident (I-551 or I-151)? Yes:       No:

If you are a graduate of a foreign medical school (except Canada), you are required to be certified by the Educational Council for Foreign Medical Graduates. If you are certified, indicate below:

Standard Certificate Number:

A copy must be included with this application.

Date of passing ECFMG exam:

Current position *and* Institution:

**EDUCATION, LICENSURE, AND EXPERIENCE**

(Please list all educational, clinical and research appointments, beginning with your college education. Please explain any gaps using a separate sheet if necessary.)

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| --- | --- | --- | --- |
| **From (month/year)** | **To** **(month/year)** | **Institution** | **Position or degree earned** |
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**Quality and safety experience**

(Please list all any experience you have had in quality/safety.)

**Dates Institution Description of project & your role (2-3 sentences only)**

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**Research and Career Plans**

Do you plan to take a subspecialty fellowship in the future?

Yes [ ]  No [ ]  If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to earn any other degrees in the future?

Yes [ ]  No [ ]  If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you currently have a preference for an institution at which you would be based for the HMS ***Fellowship***? Yes [ ]  No [ ]

*If yes*: Rank all that you would accept

 (1 = highest, 5 = lowest)

Beth-Israel Deaconess Medical Center [ ]

Brigham and Women’s Hospital [ ]

Boston Children’s Hospital [ ]

Dana-Farber Cancer Institute [ ]

Massachusetts General Hospital [ ]

**BACKGROUND INFORMATION**

Have your privileges at any hospital or other facility ever been denied, limited, suspended, revoked, or not renewed? And/or have you ever been denied membership or renewal therein or been subjected to disciplinary proceedings in any hospital or medical organization?

Yes [ ]  No [ ]  If yes, please give full details on a separate sheet.

Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked?

Yes [ ]  No [ ]  If yes, please give full details on a separate sheet.

Have you ever voluntarily relinquished your license?

Yes [ ]  No [ ]  If yes, please give full details on a separate sheet.

Please tell us how you heard about the fellowship program (check all that apply):

[ ]  Fellowship website (http://www.hms.harvard.edu/hfpsq)

 [ ]  Advertisement in journal (please specify):

 [ ]  Advisor/Program Director (please specify):

 [ ]  Friend/associate (please specify):

 [ ]  Other (please specify):

**INSTRUCTIONS:**

1. Provide a curriculum vitae
2. Provide a personal statement of no more than three pages explaining your career goals, how the fellowship program would further these goals, along with any additional information that may be helpful to the Selection Committee.
3. Ask 3 persons to send recommendation letters directly to the Admissions Committee at the street or e-mail address below. One letter must be from your current Program Director or Supervisor. Please list their names, positions, institutions, address, telephone and email here:
4. Name/Position:

Institution/Address:

Telephone:       Email:

1. Name/Position:

Institution/Address:

Telephone:       Email:

1. Name/Position:

Institution/Address:

Telephone:       Email:

CANDIDATE NAME:       DATE:

*(serves as signature)*

***Application Deadline:*** October 4, 2019 for July 2020 enrollment.

Please save a completed copy of this application, along with your CV and personal statement and e-mail to HFPSQMail@bidmc.harvard.edu. Please have your medical school forward transcripts **directly** HFPSQMail@bidmc.harvard.edu or to the address below.

*Admissions Committee*

*c/o Melissa Manolis, Administrative Manager*

*HMS Fellowship in Patient Safety & Quality*

*Beth Israel Deaconess Medical Ctr*

*Health Care Quality (20 Overland/Suite 540)*

*330 Brookline Avenue, Boston, MA 02215*