**Application and Selection Process**

To apply to one of the ACGME accredited fellowships, you must be an anesthesiologist eligible for certification or fully certified by the American Board of Anesthesiology (ABA) before fellowship training begins. You will also need to obtain an Illinois **Permanent**License prior to training. If you would like to be considered for a fellowship position, please send the following application materials to the appropriate coordinator listed below:

1. [Fellowship Application](http://www.medschool.northwestern.edu/education/gme/pdf/GME_form2.pdf%22%20%5Ct%20%22_blank) (See Next Page)
2. A current curriculum vitae
3. Two letters of recommendation from anesthesiologists with whom you have worked during your residency training
4. A letter of recommendation from your anesthesiology training program director or chair
5. A copy of your MSPE (dean’s letter) and medical school transcripts
6. Performance Evaluations from last year of residency
7. The results of your two most recent ABA In-training and USMLE Steps I-III examinations.
8. Brief statement explaining your interest in pursuing a fellowship position.

**Inquiries and application materials should be sent to the individual fellowship coordinators:**

1. Multidisciplinary Pain Medicine Fellowship- Kristie Edwards, kedwards@nmff.org, 312-695-0116
2. Critical Care Medicine Fellowship- Angela Gipson, agipson@nmff.org, 312-926-2537
3. Pediatric Anesthesia Fellowship- Courtney Hardy, MD, chardy@luriechilderns.org, 312-227-5170
4. Obstetrical Anesthesia Fellowship- Sean Jones, sjones@nmff.org, 312-472-3585
5. Cardiothoracic Anesthesia Fellowship- Carolyn Betts, cbetts@nmff.org, 312-695-0122
6. Neurosurgical Anesthesia Fellowship- Carolyn Betts, cbetts@nmff.org, 312-695-0122
7. Regional Anesthesia Fellowship- Carolyn Betts, cbetts@nmff.org, 312-695-0122

After the fellowship program director has received and reviewed all of the above-mentioned materials, he or she will notify the coordinator the status of your application and whether or not you will be invited to an interview.

**Illinois Department of Financial & Professional Regulations (IDFPR)**

Applicants must obtain a Permanent Illinois Medical License before starting their fellowship training. Licensing information and application can be found at [www.idfpr.com](http://www.idfpr.com/). In order to apply for a permanent license, the applicant must have taken the [USMLE Step III](http://www.usmle.org/). Please be aware that it may take up to 60 days for IDFPR to process and grant a permanent license.

**International Medical Graduates (IMGs)**

**IMGS can only apply to the Neurosurgical and Regional Fellowships** since the fellowships do not have a subspecialty board. All international medical graduates must be certified by ECFMG before starting their fellowship training. Please refer to [www.ecfmg.org](http://www.ecfmg.org/) for information about eligibility for the examination, fees, application, scheduling, and preparation. Fellowship applicants must submit documentation with an English translation. Photocopies of all examination results, letter/score results, and visa/citizenship papers must bear official seals and include dates and certificate numbers. If the applicant possesses a current visa, the status must include entry and expiration dates. IMGs must possess an ECFMG certificate before applying for a medical license.

**To learn more about the Department of Anesthesiology fellowship programs and benefits, please visit:**

<http://www.feinberg.northwestern.edu/anesthesiology/Education/fellowships/>

**To contact Northwestern’s Office of Graduate Medical Education:**

240 E. Huron Street, Suite 1-201

Chicago, Illinois 60611

312-503-7975

<http://gme.northwestern.edu/contact.htm>

**To read about benefits offered by Northwestern McGaw Medical Center:**

<http://mcgaw.northwestern.edu/current-housestaff/housestaff-manual/privileges-and-benefits>

**To view a copy of the fellowship contract:**

<http://mcgaw.northwestern.edu/current-housestaff>

|  |  |
| --- | --- |
| Date of Application:       | Date program to begin:       |
|  |  |
| **Personal Data** |
| Name: Last      | First      | Middle      | Social Security no.   -   -      |
| Mailing Address: Number and Street      | City      | Mailing address current until:      |
| State   | Zip code      | Home phone(     )    -      | Cell phone(     )    -      | Phone current until:      |
| E-mail Address      | Cell phone(     )    -      |
| Permanent Address: c/o Name      | Permanent phone(     )    -      |
| Mailing Address: Number and Street      | City      | State   | Zip code      |
| Date of birth (required for state license application)      | Citizenship      | International Medical Graduates specify type of visa you hold       |
| **Fellowship Program** |
| Please select the fellowship program to which you are applying from the dropdown menu: |
| Fellowship Program:  |
| **Education** |
| Institution | Dates Attended | Degree conferred |
| Include full name and location | From Mo./Yr. | To Mo./Yr. | Type | DateMo./Yr. |
| Undergraduate      |       |       |       |       |
| Medical School      |       |       |       |       |
| Graduate work (doctoral or master’s)      |       |       |       |       |
| Graduate work (doctoral or master’s)      |       |       |       |       |
| **Graduate Medical Education** |
| Postgraduate experience (residency and fellowship):  | Dates attended |  |
| All current and previous years of postgraduate medical education must be verified by the institution at which training occurred. | From Mo./Yr. | To Mo./Yr. | Name of Program Director |
| PGY I Type      |       |       |       |
| Name of program and institution      |
| PGY II Type       |       |       |       |
| Name of program and institution      |
| PGY III Type       |       |       |       |
| Name of program and institution      |
| PGY IV Type       |       |       |       |
| Name of program and institution      |
| PGY V Type       |       |       |       |
| Name of program and institution      |
| During any prior graduate medical education, were you ever disciplined or placed on probation by licensing body, institution, or training program? Y/N If yes, please include an explanation with your application. |

|  |
| --- |
|  |
| **Other Medical Experience** |
| Include experience such as private practice, hospital and staff appointments, research and military |
| Type      | Location      | Dates      |
| Type      | Location      | Dates      |
| Type      | Location      | Dates      |
| **Personal Statement** |
| Please e-mail an autobiographical statement explaining how you became interested in the fellowship(s) you have chosen. Remember to sign your name and include the date. If applicable, please include in your statement:1. Information about time gaps from the date of conferral of medical degree to present
2. Health information or other particulars that you may wish to discuss with the fellowship program director
 |
| **Curriculum Vitae** |
| Please e-mail your current curriculum vitae with your fellowship application. |
| **Board Certifications** |
| Please list your board certifications(s) and year certified: |
| 1. Board certification:       | Year:      |
| 2. Board certification:       | Year:      |
| **Photograph** |
| Please e-mail a digital photograph with your application. |
| **Letters of Recommendation Requested** *Include full name and address of institutions* |
| Program director or chair1.       |
| Faculty member2.       |
| Faculty member3.       |
| **Examinations Taken** *Photocopies of original documents and scores must accompany the application* |
| U.S./Canadian/international medical graduates | International medical graduates only |
| **USMLE**Score | Step 1      | Step 2      | Step 3      | **ECFMG**Certificate issue date       No.       |
| Date Taken |       |       |       | **TOEFL**  Date       Score       |
| **Licensure** | State       | [ ]  Temporary | [ ]  Permanent | **CSA**  Date       Score       |
| No.       | Date Granted       | Expiration date       | **Visa** |
| **Licensure** | State       | [ ]  Temporary | [ ]  Permanent | Current status      Type      |
| No.       | Date Granted       | Expiration date       | No.      |
| **In-training exams** | Score       | Score       | Entry Date       Expiration date       |
| (2 most recent scores) | Date taken       | Date taken       |  |
| Have you ever been convicted of a felony? [ ]  Yes [ ]  No If yes, please include an explanation with your application. |
| Please check the box and type your name and date below if you agree with the following statement: |
| *[ ]  The information I have given in this application is current and complete to the best of my knowledge.* |
|  |  |
| Electronic Signature (type your name here):       | Date:       |
| For Office Use Only: |  Personal Statement |  Curriculum vitae |  Photograph |  USMLE scores |
|  |  Letters of recommendation |  MSPE/transcripts | 🞎 Performance Evals |  ITE scores |