BCM-MGH Space Medicine

FELLOWSHIP APPLICATION

Applicant Information

Full name: _____   Date: _____
             Last   *First*   *M.I.*

Address: _____   Phone: _____
             Street address   *Apt/Unit #*

_____   Email: _____
             City   *State*   *Zip Code*

| Are you a United States citizen? | Yes ☐   No ☐ |

| Are you applying for the MGH position or BCM position or both? | MGH ☐   BCM ☐   Both ☐ |

Education

| Undergraduate Education: | _____ | Address: | _____ |

From: _____   To: _____   Degree: _____

| Medical School: | _____ | Address: | _____ |

From: _____   To: _____   Degree: _____

| Residency Program: | _____ | Address: | _____ |

From: _____   To: _____

| Fellowship Program: | _____ | Address: | _____ |

From: _____   To: _____

| Post-Graduate Education: | _____ | Address: | _____ |

From: _____   To: _____   Degree: _____

References

Please list three references including your residency program director.

Full name:		Relationship:	
Affiliation:		Phone:	
Address:		Email:	

Full name:		Relationship:	
Affiliation:		Phone:	
Address:		Email:	

Full name:		Relationship:	
Affiliation:		Phone:	
Address:		Email:	

Supporting Documents

☐ Letter of Interest (2 pages maximum)

☐ Curriculum Vitae

☐ Three Letters of Recommendation (including residency program director)

☐ Copy of Residency Certificate (or Letter of good standing)

☐ Copy of current Medical License

Please email application and supporting documents to:

spacemedicine@bcm.edu and nsharris@mgh.harvard.edu

Application deadline: November 1

Select applicants will be invited to interview remotely in November

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| Signature: | | Date: | |