BCM-MGH Space Medicine

FELLOWSHIP APPLICATION



Applicant Information

Full name: Last						
Address: Street address	Full name:				Date:	
Are you a United States citizen? Are you applying for the MGH position or BCM position or both? Fducation Undergraduate Education: From: To: Degree: Residency Program: From: To: Address:		Last	First	M.I.		
City State Zip Code City Cit	Address:				Phone:	
Are you a United States citizen?		Street address		Apt/Unit #		
Are you a United States citizen? Yes No Are you applying for the MGH position or BCM position or both? MGH					Email:	
Are you applying for the MGH position or BCM position or both? MGH		City	State	Zip Code		
Are you applying for the MGH position or BCM position or both? MGH						
### Education Undergraduate	Are you a United	I States citizen?	Yes □ No □			
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From: To: Degree:	From:	To:	Degree:			

References

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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	
$\hfill\Box$ Three Letters of Recommendation (including residency program director)	
$\hfill\Box$ Copy of Residency Certificate (or Letter of good standing)	
☐ Copy of current Medical License	
Please email application and supporti	ng documents to:
spacemedicine@bcm.edu and nsharris	@mgh.harvard.edu
Application deadline: Novel	mber 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 \ensuremath{my} release.	information in my application or interview may result in
Signature:	Date: