



BLOCKJOCKS
Research and Education Foundation

APPLICATION for FELLOWSHIP in
Regional Anesthesiology and
Acute Pain Medicine



FOR OFFICE USE ONLY	
Received	_____
Reviewed	_____
Interviewed	_____
Result	_____

NOTE: Please type or print clearly all entries

FELLOWSHIP BEGINNING _____ / _____
(Month/Year)

DATE OF APPLICATION _____

Applying for 1 Year Clinical Fellowship

NAME: _____ / _____ / _____
Last First Middle D.O.B.: Month Day Year

PRESENT ADDRESS: _____
Street City State Zip Code

PHONE: HOME: _____ WORK / PAGER: _____
(include City and Country Code if applicable)

PERMANENT ADDRESS: _____
Street City State Zip Code

CITIZENSHIP : _____ PLACE OF BIRTH : _____
(City / State / Country)

E-MAIL: _____ SINGLE: _____ MARRIED : _____

NEAREST RELATIVE NAME (S) _____

ADDRESS: _____
Street City State Zip Code

PHONE: DAY _____ EVENING _____

Name _____

EDUCATION

UNDERGRADUATE COLLEGES (other than medical school)

Name	Address	Degree	Month/Year
------	---------	--------	------------

GRADUATE SCHOOL (other than medical school)

MEDICAL SCHOOL

Name	Years Attended	Degree	Month/Year
------	----------------	--------	------------

INTERNSHIP

PGY 1

Hospital	Address		
_____	_____	_____	_____
Type	From	To	

RESIDENCY

PGY2

Hospital	Address		
_____	_____	_____	_____
Type	From	To	

PGY3

Hospital	Address		
_____	_____	_____	_____
Type	From	To	

PGY4

Hospital	Address		
_____	_____	_____	_____
Type	From	To	

PGY5

Hospital	Address		
_____	_____	_____	_____
Type	From	To	

FELLOWSHIPS: (other) _____

Dates

Dates

Name _____

FLORIDA STATE LICENSE _____ Year _____ Expires _____

LICENSED IN THE STATE OF _____ Year _____

ECFMG - Number _____ Year _____

VQE - Number _____ Year _____

FMGEMS - Number _____ Year _____

OTHER: Type of Visa _____ Year _____

MILITARY STATUS

Branch: _____ Dates _____

Future Obligation: YES _____ NO _____

Explain: _____

RESEARCH:

PROJECTS	PLACE	YEAR
----------	-------	------

See CV

PUBLICATIONS: (list and provide reprints)

See CV

PRESENTATIONS: (list)

See CV

AWARDS AND HONORS:

PREVIOUS EXPERIENCE: (other than in medicine)

ADDITIONAL DOCUMENTATION REQUIRED

To complete your application, please arrange for the following to be sent to the address below.

- I. Official Medical School Transcript & Diploma
- II. Current Curriculum Vitae
- III. Personal Statement – A brief narrative (approximately 250 words) explaining your reason for pursuit of a Fellowship in Regional Anesthesia
- IV. Please provide a brief description (approximately 250 words) of one or more proposed academic activities you would like to embark upon during your fellowship year. (Optional)
- V. Three Letters of Professional Reference
(including one from the Director of your Current Training Program)

LIST NAMES AND INSTITUTIONS/ADDRESSES:

- 1. _____

- 2. _____

- 3. _____

I certify that the foregoing information is accurate to the best of my knowledge. I agree to notify Andrews Institute of any change in my status by May 1st of the year I have applied to commence my Fellowship.

SIGNATURE OF APPLICANT

DATE

The application must be completed in its entirety or it cannot be processed.
APPLICATION AND ALL RELATED COMMUNICATIONS SHOULD BE ADDRESSED TO:

**Emily Winchester, RN
The Andrews Institute ASC
1040 Gulf Breeze Parkway
Gulf Breeze, FL 32561
FAX: 1-866-847-6855**

**E-Mail: emily@blockjocks.com
www.blockjocks.com**

