UNIVERSITY OF NEW MEXICO EMS FELLOWSHIP APPLICATION FORM

DOROTHY HABRAT, DO

EMS FELLOWSHIP DIRECTOR

DEPARTMENT OF EMERGENCY MEDICINE

University of New Mexico EMS Fellowship Application

INSTRUCTIONS

Thank you for your interest in applying to the University of New Mexico Department of Emergency Medicine, Emergency Medical Services Fellowship. This ACGME accredited fellowship is a one-year program under the supervision of 8 EM/ EMS Board Certified Physicians.

For further information on the fellowship, please refer to the link below:

https://hsc.unm.edu/medicine/departments/emergency-medicine/education/fellowships/ems/

In order to apply, applicants should send the following documents:

- ☐ Completed application form
- ☐ Curriculum vitae
- ☐ Personal statement / Letter of intent
- ☐ 3 reference letters: One of the letters should be from your department chair and/or residency program director, one should be from an EMS physician/EMS medical director, and one should be from an EMS official that knows you well (fire chief, ambulance service director, etc.)

It is encouraged to submit all application materials by August 31st. Once received, an interview will be schedule between September- October on a rolling basis. The UNM EMS Fellowship participates in the annual ACGME Fellowship Match held in November.

Please email all application components to:

Dr. Whitney Barrett
UNM EMS Fellowship Director
WJBarrett@salud.unm.edu
Department of Emergency Medicine

If you have any questions regarding the application process, please email our Fellowship Coordinator Ana Sanchez-Barrera at: asanchezbarrera@unm.edu

University of New Mexico EMS Fellowship Application

CONTACT INFORMATION

PERSONAL	NAME	
	DOB	
ADDRESS	STREET	
	CITY, STATE	ZIP CODE
CONTACT	PHONE/ CELL	
	EMAIL	

EDUCATON & TAINING (If multiple schools attended per group, list last attended here and remainder in CV or separate list)

UNDERGRADUATE	SCHOOL NAME		
	START (MM/YY)	COMPLETION (MM/YY)	DEGREE
GRADUATE	SCHOOL NAME		
	START (MM/YY)	COMPLETION (MM/YY)	DEGREE
MEDICAL SCHOOL	SCHOOL NAME		
	START (MM/YY)	COMPLETION (MM/YY)	DEGREE
RESIDENCY	PROGRAM NAME		
	PROGRAM DIRECTOR		
	START (MM/YY)	COMPLETION (MM/YY)	SPECIALTY

University of New Mexico EMS Fellowship Application

REFERENCES (Please list three professional references and have them forward letters via email to Program Director

REFERENCE #1 (Department chair and/or residency program director)	NAME	TITLE
	EMAIL	RELATIONSHIP
REFERENCE #2 (EMS physician/EMS medical director)	NAME	TITLE
	EMAIL	RELATIONSHIP
REFERENCE #3 (EMS official)	NAME	TITLE
	EMAIL	RELATIONSHIP

ACTIVE LICENSES (Please list any active licenses; use separate page if needed)

STATE BOARD	LICENSE NUMBER	DATE ISSUED	LICENSE TYPE (e.g. Training, unrestricted)	LIMITATIONS ON LICENSE? (If yes, attach explanation)

	YES	NO
Do you hold a valid US driver's license?	☐	☐

University of New Mexico EMS Fellowship Application

	YES	NO
Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	☐	☐
Are criminal charges pending against you in any court?	☐	☐
Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held now or previously, or ever find, censured, reprimanded or otherwise disciplined you?	☐	☐
Are charges pending against you in any jurisdiction for any sort of professional misconduct?	☐	☐
Has any hospital or licensed facility restricted or terminated your professional training, employment or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such associate to avoid imposition of such measures?	☐	☐
If yes to any question above, please attach an appropriate explanation.		

I certify that all of the information above is true to the best of my knowledge.

Signed Name: _____ Date: _____

(Your full name here will be accepted as your electronic signature)