Thank you for your interest in the Health Policy Research and Translation Fellowship at Brigham and Women’s Hospital!

*All fellowship candidates must be* [*ABEM*](http://www.abem.org) *board certified or board eligible before the July 1 fellowship start date. This generally means that fellows will have completed a residency in Emergency Medicine in the US or Canada. We regret that we cannot accept applications from candidates who do not meet this criterion.*

Applications will be accepted on a rolling basis, and all application materials below must be received in full before **Tuesday, October 15 at 5:00 pm ET.** Interviews will be scheduled on a rolling basis and may not be available for those who apply later.

Please submit the following items by **email only:**

1. This application form

2. CV (see last page)

3. Letter of interest

4. Personal statement (see last page)

Please have the following items sent directly from the recommender by **email or fax:**

5. Three letters of recommendation (one from current residency director or chairman)

Please have the following items sent directly from the institution by **mail:**

6. Official transcript of [USMLE results](http://www.usmle.org/transcripts/)

**Email:** hrichmond@bwh.harvard.edu

**Fax:** (617) 264-6848

**Mail:** Scott Weiner, MD, MPH

Brigham and Women’s Hospital

75 Francis Street, NH-316B

Boston, MA 02115

The chosen candidate must apply separately to the Harvard School of Public Health Masters in Public Health program online at [www.hsph.harvard.edu/admissions](http://www.hsph.harvard.edu/admissions) (or Harvard Kennedy School) by **December 1, 2019.**

Please feel free to contact us at (617) 732-4727 or hrichmond@bwh.harvard.edu with any questions about the fellowship or your application.

**Important Dates for 2019**

Application Due by **October 15**

Primary Interview Day **October 22**

Possible Make-up Interview Day **October 30**

Notification by **November 4**

HSPH Application Deadline **December 1**

****

Scott Weiner, MD, MPH

Fellowship Director

**APPLICANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| First Name | Last Name | Suffix (MD, DO, MPH) |
|  |  |  |
| Email | Country of Citizenship |
|  |  |

**Contact Address**

|  |
| --- |
| Street Address |
|  |
| City | State | Postal Code | Country |
|  |  |  |  |
| Home Phone | Mobile Phone | Fax |
|  |  |  |

**EDUCATION AND TRAINING**

**Undergraduate Education**

|  |  |  |
| --- | --- | --- |
| Institution (City, State/Country) | Dates Attended | Degree, Field of Study |
|  |  |  |

**Medical School**

|  |  |  |
| --- | --- | --- |
| Institution (City, State/Country) | Dates Attended | Degree, Field of Study |
|  |  |  |

**EM Residency Format**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Place an ‘X’ in the appropriate box |  | PGY 1-3 |  | PGY 2-4 |  | PGY 1-4 |

**Internship/Residency/Fellowship**

|  |  |  |
| --- | --- | --- |
| Institution (City, State/Country) | Dates Attended | Specialty |
|  |  |  |
|  |  |  |

**Other Graduate Education**

|  |  |  |
| --- | --- | --- |
| Institution (City, State/Country) | Dates Attended | Degree, Field of Study |
|  |  |  |

**LICENSING AND CERTIFICATION**

**Examinations (include results from all attempts)**

|  |  |
| --- | --- |
| USMLE – Step 1 (3 Digit Score) | Date |
|  |  |
| USMLE – Step 2 CK (3 Digit Score) | Date |
|  |  |
| USMLE – Step 2 CS (3 Digit Score) | Date |
|  |  |
| USMLE – Step 3 (3 Digit Score) | Date |
|  |  |

**Education Commission for Foreign Medical Graduates Certification**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Are you certified by the ECFMG?** |  | Yes |  | No |  | Not Applicable |
| If yes, give your ECFMG Number: |  |

**Active Medical Licenses**

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Certificate Number | Valid dates | Issuing Agency |
|  |  |  |  |
|  |  |  |  |

**Emergency Medicine Board Eligibility/Certification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Will you be ABEM board eligible or certified in emergency medicine by July 1 of next year?** |  | Yes |  | No |
| If no, please explain: |  |

**CURRICULUM VITAE**

Send your CV as a separate email attachment. Be sure to include awards, honors, and publications in your CV. List research, work, volunteer, leadership roles and significant health policy experiences with dates (month and year) and nature of your involvement.

**PERSONAL STATEMENT**

Send your personal statement as a separate email attachment. Include your name at the top of the page. Please limit your personal statement to **one single-spaced page,** 11 point font or larger, 1” margins**.** In drafting your personal statement, consider the following:

1. What parts of emergency care interest you and why? How do you hope to use health policy to influence emergency care or vice versa?
2. Describe at least one research project you would like to complete during your fellowship.
3. Where do you see yourself in five years?