



Beth Israel Deaconess Medical Center



A teaching hospital of Harvard Medical School

Department of Anesthesia, Critical Care and Pain Medicine APPLICATION FOR FELLOWSHIP APPOINTMENT

PGY Level: _____ Start date: ____/____/____
Type of fellowship desired _____

Residency Training: _____
Institution _____ Specialty _____

NAME	Last	First	Middle	
MAILING ADDRESS	Street	City/Town	State	Zip Code
TELEPHONE	Daytime	Evening	E-Mail	

**The following documents must be submitted along with this application:
Curriculum Vitae, Personal Statement, Copy of Original Report of USMLE Scores,
ECFMG Certificate (if applicable), and three Letters of Reference**

Please Read Carefully and Sign the Statement Below

I am willing to make myself available for interviews in regards to this application. I also agree to provide the Department of Anesthesia, Critical Care and Pain Medicine (the Department) at Beth Israel Deaconess Medical Center (BIDMC) with updated information regarding all requirements on this application form as such information becomes available and such additional information as may be requested by the Department. I understand that failure to provide all information requested will prevent evaluation of and/or action on my application

I hereby attest that the information in or attached to this application is true and complete and fairly represents the current level of my training, experience, capability and competence. Any misrepresentation, misstatement, or omission from this application, whether intentional or not, may constitute sufficient cause for rejection of this application resulting in denial of Hospital appointment and training status.

I understand that with the exception of information determined by the Department to be peer review protected, I have the right to request in writing and subsequently review any information obtained by the Department to support its evaluation of my application and to correct any erroneous information.

I hereby authorize BIDMC to make direct inquires regarding my background and character for my prior employers, schools and other individuals and entities, as BIDMC deems appropriate. I hereby release all employers, schools and other individuals and entities from any and all liability in connection with such inquiries. I also understand that I am required to complete forms, separate from this application, that authorize the procurement of Criminal Offender Record Information ("CORI") checks from the Massachusetts Criminal History System Board, and the authorize procurement of consumer reports by background checking agencies. I understand that the authorizations describe herein apply during the application process and throughout the course of my relation with BIDMC.

I understand that employment is contingent upon the satisfactory completion of various background checks, investigations and/or examinations, and my compliance with other employment requirements, such as proof of eligibility to work in the United States.

Date: ____/____/____ Signature: _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Beth Israel Deaconess Medical Center (BDMC) is an equal opportunity employer and does not discriminate against applicants for employment or employees on the basis of race. Color, religion, sex, sexual orientation, national origin, ancestry, age, disability, genetics, military service or veteran status or any other class protected by law. As a federal contractor, BIDMC is also committed to take affirmative action to employ, and to advance in employment, women, minorities, veterans of the Vietnam Era, qualified disabled veterans, other eligible veterans and disabled individuals.