

Hospice and Palliative Medicine Fellowship Application

Instructions for Application Hospice & Palliative Medicine Fellowship Program

Fellowship Application

We encourage interested individuals to submit an application a year in advance of their anticipated fellowship start date. We will accept applications on a rolling basis until we have filled all of our fellowship positions for the given academic year.

Post-residency physician fellows must meet the following criteria:

- Have completed an ACGME or AOA-accredited residency program in Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry, Radiation Oncology, or Surgery.
- Must have passed USMLE/COMLEX Step 3 at time of submitting application.
- Be board-certified or board-eligible with demonstration of active pursuit of certification.

Preparation of Application

A complete application packet includes:

- Application form
- Personal statement of professional goals
- Curriculum vitae (CV)
- Copy of USMLE scores
- Copy of Medical School Diploma
- Three Letters of recommendation
- Copy of Transcript of Medical School Records
- Copy of completion certificate from each of your prior residency and/or fellowship training programs
- ECFMG certificate (if applicable)
- Visa status/Citizenship status

Eastern Maine Medical Center currently accepts J1 and H1 visas for qualified applicants.

Applicants who have recently completed residency training should request three letters of recommendation from faculty members in their specialty area who are familiar with their work. One of the letters **must** be from the Residency/Fellowship Program Director.

Applicants who completed residency training more than 5 years ago should request 3 letters of recommendation from colleagues and lead physicians who are familiar with their work.

A personal interview is required for final acceptance into the EMMC Hospice and Palliative Medicine Fellowship Program. Interviews are arranged by our fellowship coordinator.

The EMMC Hospice and Palliative Medicine Fellowship does not currently take part in the ERAS match but rather offers admission on a rolling basis.

Return of Application

Please email completed application to:

Director, EMMC

**Hospice and Palliative Medicine
Fellowship Program:**

Cosmina I. Fachiol, MD

cfachiol@emhs.org

EMMC HPM Fellowship Coordinator

Lynn Soucy

lysoucy@northernlight.org

If you choose to use regular mail, please return **three** copies of the completed application packet to:

Cosmina Fachiol, MD

417 State Street

Webber East Suite 310

Bangor, ME 04401

Attention: Lynn Soucy

INSTRUCTIONS TO APPLICANT:

Answer all question completely. If more space is necessary to answer all questions, attach an additional sheet.

| PERSONAL DATA | |
|---|---|
| Name | |
| Last: _____ First: _____ Middle: _____ | |
| Current Employer/Position: | |
| Mailing Address: Street, City, State Zip Email Address: | Phone number(s) Home () Cell phone () Work/Message () |

| HIGHER EDUCATION Please list all schools attended. Please fill in information in this form. DO NOT refer to CV. | | | | | |
|---|----------------------|----------------|-------------|------------------|------|
| Institution | City, State, Country | Dates attended | | Degree Conferred | |
| | | From Mo/Yr | To M/ Yr | Type | Date |
| Postgraduate | | | | | |
| Medical School | | | | | |
| Undergraduate College | | | | | |

| GRADUATE MEDICAL EDUCATION Include current and previous graduate medical education. Please fill in information in this form. DO NOT refer to CV. | | | |
|--|---------------|-------------|---|
| | From Mo/Yr | To Mo/Yr | Name and contact information of Program Director |
| Internship Type | | | |
| Name and address of institution | | | |
| Residency Type | | | |
| Name and address of institution | | | |
| Fellowship Type | | | |
| Name and address of institution | | | |

| EXAMINATIONS TAKEN (Attach copies of scores) Please fill in information in this form. DO NOT refer to CV. | | | | | | | | | |
|--|----------|------|--------|------|----------|------|-------|----------|--|
| Your NBME/USMLE board number | | | | | | | | | |
| Dates Taken and Scores | | | Step I | | Step II | | | Step III | |
| FLEX | Location | Date | Score | Flex | Location | Date | Score | | |
| Foreign medical School Graduates: | | | | | | | | | |
| ECFMG Certificate No. | | | | | | | | | |

| LICENSURE Please fill in information in this form. DO NOT refer to CV. | | | | | | | | | |
|---|--------|---------|------|-----------|---|--|--|--|--|
| Licensure (education license: full/complete) | | | | | Current Visa Status: Entry Date Exp. Date | | | | |
| State | Number | Date | Type | Exp. Date | Type of visa | | | | |
| | | Granted | | | | | | | |

| PERSONAL STATEMENT |
|--|
| Attach a statement of purpose and your future career plans related to Hospice & Palliative Medicine. Do not exceed 1500 words. |

| CURRICULUM VITAE |
|--|
| Please attach a current curriculum vitae |

| FUTURE PROFESSIONAL GOALS (where do you see yourself 5 and 10 years from now) |
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| |

LETTERS OF RECOMMENDATIONS REQUESTED: Include full name and address of institutions. For recent residency graduates (within the past 5 years), one letter **MUST** be from the Program Director of your residency program.

1.

2.

3.

The information I have given in this application is current and complete to the best of my knowledge.

Signature

Date