



**Carilion Clinic – Virginia Tech Carilion
Emergency Medical Services Fellowship
Application Form**

Thank you for your interest in applying to the Carilion Clinic – Virginia Tech Carilion Emergency Medical Services Fellowship.

Applicants will be considered for an interview after receipt of the following documents:

- Completed application form
- Curriculum vitae
- Personal statement

If offered an interview, the following documents must be sent by the date of the interview:

- 3 reference letters (one must be from Residency Program Director)
- Results of USMLE or COMLEX exams
- Medical school transcript
- In-Training examination scores

Please mail or e-mail all application components to:

Emily Faris
Program Coordinator, EMS Fellowship
Department of Emergency Medicine
1 Riverside Circle
Suite 401
Roanoke, VA 24016
eefaris@carilionclinic.org

If you have any questions about the application process, please e-mail eefaris@carilionclinic.org

APPLICANT CONTACT INFORMATION

PERSONAL	NAME		
ADDRESS	STREET		
	CITY, STATE	ZIP CODE	
CONTACT	HOME	CELL	
	EMAIL		

EDUCATION & TRAINING (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

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

REFERENCE #1 Residency Program Director (Required)	NAME	TITLE
	EMAIL	RELATIONSHIP <i>Residency Program Director</i>
REFERENCE #2	NAME	TITLE
	EMAIL	RELATIONSHIP
REFERENCE #3	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)

MISCELLANEOUS

	YES	NO
Do you hold a valid US driver's license?		
Do you now or will you in the future require employer sponsorship for employment?		

ATTESTATIONS

	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 you have answered yes to any question, please attach an explanation.		

	YES	NO
While my application is under consideration at the Carilion Clinic – Virginia Tech EMS Fellowship Program, I will notify the Program Director as soon as feasible (preferably within 24 hours) if I accept a position with another program or do not intent to be considered further for a position in the program.		

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

Signed Name: _____ Date: _____