

Dear Prospective Applicant:

Thank you for your interest in the Anesthesiology Residency Training Program at the University of Michigan Health System. We will be offering 24 PGY-1 (CBY) positions and 6 PGY-2 (CA-1) positions for this upcoming academic year. We anticipate that all of the PGY-1 positions will be through the NRMP match. All of the PGY-2 positions will be outside of the NRMP. We will be using ERAS for all PGY-1 positions and prefer ERAS applications when possible for the PGY-2 positions.

If you have already graduated from Medical School and are currently in training as well as looking for an Anesthesiology position or interested in one of our Fellowships, please supply the application that is provided within this web page. The information we require is as follows:

- Completed Application
- Curriculum Vitae (with all time accounted for since Medical School)
- Personal Statement
- Three (3) letters of recommendation (one being from your current Department Chair)
- Dean's Letter
- Medical School Transcript
- USMLE and/or COMLEX Transcript
- ECFMG Certificate valid Indefinitely (if applicable)

Please address your letters to one of the following:

**Theodore J. Sanford, MD**

*Program Director – Core Anesthesiology Program*

**Paul Reynolds, MD**

*Program Director, Pediatric Anesthesiology Program*

**Ronald Wasserman, MD**

*Program Director for Pain Management*

**Andrew Rosenberg, MD**

*Critical Care Anesthesiology*

**Mathew Caldwell, MD**

*Cardiothoracic Anesthesiology*

Department of Anesthesiology  
University of Michigan Health System  
1H247 University Hospital  
1500 East Medical Center Drive  
Ann Arbor, MI 48109-0048

Again, thank you for your interest in the Anesthesiology Program here at the University of Michigan Health System. If you require further information, please do not hesitate to contact our office at (734) 936-4280

Sincerely,

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Pamela L. Mulholland  
Residency Program Administrator

# Application for Postgraduate Training in Anesthesiology

## University of Michigan

Please Print

Date of Application:

Applying through NRMP:  Yes  No Match #

Subspecialty Interest:

Beginning July 1, 200\_  CA-1  CA-2  CA-3  Fellowship

Social Security Number:

Citizenship:

Name:

*Last* *First* *Middle*

Address:

Telephone: Home Hospital

Person To Contact In Case of Emergency:

Address:

Phone:



University of Michigan Medical Center  
Department of Anesthesiology  
1H247 University Hospital/Box 0048  
1500 East Medical Center Drive  
Ann Arbor, MI 48109-0048  
Telephone: (734) 936-4280  
Fax: (734) 936-9091

## Education

| Institution Full Name | City and State | Year Graduated |
|-----------------------|----------------|----------------|
|-----------------------|----------------|----------------|

Pre-Med:

Medicine:

## Postgraduate Training

| Institution Full Name | Program | Dates |
|-----------------------|---------|-------|
|-----------------------|---------|-------|

1st Year Postgraduate:

2nd Year Postgraduate:

3rd Year Postgraduate:

Board Certified or Eligible?

## Examinations *(Please send copies of scores)*

| National Boards: | Part I: Date | Score | Part II: Date | Score |
|------------------|--------------|-------|---------------|-------|
|------------------|--------------|-------|---------------|-------|

| Flex Examination: | Date | Score |
|-------------------|------|-------|
|-------------------|------|-------|

| Medical License: | State | Expiration Date | Number |
|------------------|-------|-----------------|--------|
|------------------|-------|-----------------|--------|

## *Personal Statement*

Why are you applying to this program?

In what specific ways do you think you can contribute to this program?

What are your career plans at present?

What interests do you have outside of medicine?

## *Instructions*

Medical student applicants must request *one* letter from the Dean of Medical School to be sent directly to this office with official transcripts and *three* letters of recommendation from medical school faculty members.

Applicants who have completed any postgraduate training are to submit *one* letter from the Dean of the Medical School, *one* letter from the chair of the department in which they trained, and *two* letters from attending physicians on the teaching faculty.

All applicants must submit a curriculum vitae.

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Signature

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Date