

**Application for Fellowship Training in Pain Management**  
*University of Michigan*

**Please Print**

Data of Application: \_\_\_\_\_

Beginning July 1, 200\_\_\_\_

Citizenship: \_\_\_\_\_

                    Last                                    First                                    Middle

**Name:** \_\_\_\_\_



Address: \_\_\_\_\_

Telephone:                      Home:                                      Hospital: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Education**

Institution Full Name                                      City and State                                      Year Graduated

Pre-Med: \_\_\_\_\_

Medicine: \_\_\_\_\_

**Residency**

	Program Check One	Institution Full Name	Date of Completion
Anesthesiology	<input type="checkbox"/>	_____	_____
Neurology	<input type="checkbox"/>	_____	_____
PM&R	<input type="checkbox"/>	_____	_____
Psychiatry	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	_____	_____

**Examinations and Licensure**

**USMLE:**                      Part I Score:                                      Part II Score:                                      Part III Score: \_\_\_\_\_

**Medical License:**                      State:                                      Expiration Date:                                      Number: \_\_\_\_\_

**Personal Statement**

Why are you applying to this program?

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

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What are your career plans at present?

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Do you have an interest in research:

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Publications:

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What interest do you have outside of medicine?

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**Instructions**

Along with this application, please send your **USMLE Scores** and at least **three current letters of recommendation**. One of these letters must be from your present Department Chair. If you have any additional questions concerning our program, please do not hesitate to contact us.

Please send your application packet to:

Dawn Osborn  
Pain Program Coordinator  
Department of Anesthesiology  
325 E. Eisenhower Parkway  
Suite 100  
Ann Arbor, MI 48109