



EMS FELLOWSHIP APPLICATION

APPLICATION FOR APPOINTMENT TO THE DEPARTMENT OF EMERGENCY
MEDICINE AT HARBOR-UCLA MEDICAL CENTER AND LOS ANGELES COUNTY EMS
AGENCY – EMS FELLOWSHIP

RETURN COMPLETED APPLICATION, LETTERS OF SUPPORT, PERSONAL STATEMENT,
CURRICULUM VITAE, AND PHOTO (*Optional*) BY SEPT 1st TO:

Shira Schlesinger, MD, MPH, FACEP, FAEMS
EMS Fellowship Director
SSchlesinger2@dhs.lacounty.gov

Name:

First	Middle	Last
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Current mailing address	Cell Phone Number
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☐ Male ☐ Female ☐ Nonbinary

DOB	Birth Place	Gender
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☐ Decline to state ☐ Decline to state

Race	Ethnicity
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Social Security Number	Military or other commitments	(Dates)
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EDUCATION

Undergraduate	Major	Graduation Date	Degree
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Advanced Degree	Subject	Graduation Date	Degree
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Advanced Degree	Subject	Graduation Date	Degree
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INTERNSHIP/RESIDENCY TRAINING

Hospital/location	Service	Position	Dates
Hospital/location	Service	Position	Dates

CURRENT POSITION (If Completed Residency)

Hospital/location	Service	Position	Dates
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EXAMS

National Board Examination Scores (USMLE/COMLEX):

Part I:

Part II:

HONORS, PUBLICATIONS, ACTIVITIES

Please include pertinent activities, do not simply 'refer to CV'

Honors/Awards:

EMS Activities:

Areas of Interest:

Publications:

REFERENCES

List 3 Professional References (prefer 1 from residency program director). Ask each to send via email a letter of recommendation.

- 1.
- 2.
- 3.

PERSONAL STATEMENT

Please include a separate Personal Statement in which you describe your background, interest in EMS, and fellowship goals.

**THANK YOU FOR CONSIDERING THE EMS FELLOWSHIP AT HARBOR-UCLA MEDICAL CENTER
AND THE LOS ANGELES COUNTY EMS AGENCY**