



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:

Nichole Bosson, MD, MPH, FAEMS
EMS Fellowship Director
nbosson@dhs.lacounty.gov

Name:

First Middle Last

Current mailing address Cell Phone Number

Male Female Nonbinary

DOB Birth Place Gender

Decline to state Decline to state

Race Ethnicity

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Social Security Number Military or other commitments (Dates)

EDUCATION

Undergraduate Major Graduation Date Degree

Advanced Degree Subject Graduation Date Degree

Advanced Degree Subject Graduation Date Degree

INTERNSHIP/RESIDENCY TRAINING

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