



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: 1) COMPLETED APPLICATION, 2) LETTERS OF SUPPORT, 3) PERSONAL STATEMENT, 4) CURRICULUM VITAE, AND PHOTO (Optional) BY SEPT 1st TO:

Shira A. Schlesinger, MD, MPH, FAEMS EMS Fellowship Director sschlesinger2@dhs.lacounty.gov

Rafael Esparza and EMS Fellowship

EMS Fellowship Coordinator resparza2@dhs.lacounty.gov

Name:					
Firs	t	Middle	La	ıst	
Current mailing	address		Cell Phone Number		
			Male [☐Female ☐Nonbi	nary
DOB	Birth Place		Gender		
	Dec	line to state		Decline	e to state
Race		Ethnicity			
				()
Social Security Number		Military or other com	mitments	(Dates)	
		EDUCATION			
Undergraduate		Major		Graduation Date	Degree
Advanced Degree	ee	Subject		Graduation Date	Degree
Advanced Degree	ee	Subject		Graduation Date	Degree

INTERNSHIP/RESIDENCY TRAINING

Hospital/location	Service	Position	Dates
Hospital/location	Service	Position	Dates
CUR	RENT POSITION (If C	Completed Residency	,
Hospital/location	Service	Position	Dates
	EXAM	S	
National Board Examination Part I:	on Scores (USMLE/COM Part II:	LEX):	
	ONORS, PUBLICATIO		CV'
onors/Awards:			
MS Activities:			
reas of Interest:			
blications:			

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.
Candidates should return the following to the email addresses listed above no later than September 1st:
1) Completed application
2) Letters of Support
3) Personal statement
4) Curriculum Vitae
5) Photo (Optional)