St. Elizabeth's Medical Center
A STEWARD FAMILY HOSPITAL

Department of Anesthesiology & Pain Medicine
736 Cambridge Street, Boston, MA 02135-2997

PAIN FELLOWSHIP PROGRAM
ST. ELIZABETH'S MEDICAL CENTER
Teaching hospital of Tufts University School of Medicine
Telephone: (617) 789-2777
Fax: (617) 254-6384
Coordinator: Phyllis Patterson
Phyllis.patterson@steward.org

Please print or type **APPLICATION FOR PAIN FELLOWSHIP**

STARTING DATE:	

Name (last) (first) (middle)	Social Security #	Home Telephone #
Home address	E-mail Address:	Work Telephone #
(Mailing or FedEx address – if different from above		Beeper No.

Are you a U.S. Citizen? If No, what type of VISA do you have (check box)

o Yes o No o Green card oJ-1 (Exchange Visitor) o H1B visa o Other: _____

MA MEDICAL LICENSE/Other Sates Licenses (Attach additional sheet if necessary)

MA Permanent License #	Date Issued/Renewed	MA Limited Registration #	Date Issued	DEA #	NPI #

EDUCATION

College	Mo/Year Grad.	Degree	Honors
Medical, Dental, or Graduate School	Mo/Year Grad.	Degree	Honors

INTERNSHIP

Hospital & Address				
Name of Program Director	Type of Service		Start:	End:

RESIDENCIES (Attach additional sheet if necessary)

Hospital & Address				
Name of Program Director	Type of Service		Start:	End:

OTHER POSTGRADUATE TRAINING (Fellowships, if any)

Hospital & Address				
Name of Program Director	Type of Service		Start:	End:

REFERENCES (Minimum 3 are Required, one of them should be from your program Director) Please note:

Applicants are responsible for requesting reference letters.

List Names, Institution Addresses & Telephone #

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SIGNATURE		**DATE**

Have you passed the USMLE Step 1 and Step 2?	o Yes o No	Attach copy
Have you also passed USMLE Step 3?	o Yes o No	Attach copy
If applicable - Do you have a valid ECFMG Certificate	o Yes o No	Attach copy