





University of British Columbia-Brigham and Women's Hospital Emergency Medicine Leadership Fellowship Application Form

Thank you for your interest in the UBC-BWH Emergency Medicine Leadership Fellowship!

MD Applicants must have completed an approved residency training program in emergency medicine at an accredited institution and be board certified or board eligible in emergency medicine by the Royal College of Physicians of Canada (FRCPC), the Canadian College of Family Physicians (CCFP-EM), or the American Board of Emergency Medicine (ABEM) and be supported by their department director and Regional Vice President of Medicine.

The following application materials below must be received in full before the application deadline of **May** 31. 2024:

- 1. Application form
- 2. Letter of interest (please limit to one page)
- 3. Curricula Vitae (please include awards, honor, and publications)
- 4. Personal Statement outlining experience, why the candidate is interested in the fellowship, and anticipated career plans
- 5. Two letters of recommendation, including one from residency director and one from current director or department head.

Applications should be submitted to the UBC Department of Emergency Medicine at emergency.fellowships@ubc.ca.

APPLICANT INFORMATION

	T	0 (0: (1.10 0	0.145111	
First Name	Last Name	Suffix (MD, D	Suffix (MD, DO, MPH)	
Email		Country of Ci	tizonchin	
EIIIdii		Country of Ci	Country of Citizenship	
Contact Address Street Address				
Street Address				
City	State		Country	
Home Phone	Mobile Phone	Fax		
	1	1		
	EDUCATION AND TI	RAINING		
Indergraduate Education Institution (City, State/Country)	Dates Attend	ed Degree, Field	Degree, Field of Study	
		,	,	
Medical School	Dates Attend	od Dograo Field	of Ctudy	
Institution (City, State/Country)	Dates Attenu	ed Degree, Field	oi Study	
Residency				
Institution (City, State/Country)	Dates Attended	Specialty	Specialty	
	1	ı		
Internship/Fellowship Institution (City, State/Country)	Dates Attended	Specialty		
motivation (only) stately sound yy	Dates / Recinada	Speciality		
Other Graduate Education				
Institution (City, State/Country)	Dates Attended	Degree, Field	Degree, Field of Study	
	1			

LICENSING AND CERTIFICATION

Active Medical Licenses

Туре	Certificate Number	Valid dates	Issuing Agency