



## UPMC EMS FELLOWSHIP

### APPLICATION INFORMATION



### INSTRUCTIONS

Thank you for your interest in applying to the UPMC Emergency Medical Services Fellowship. We offer a one-year program of hands-on experience, mentorship, and didactics that covers the breadth of clinical, operational, and administrative core content of the specialty of EMS Medicine. Detailed information about the program can be found at:

<https://www.emergencymedicine.pitt.edu/fellowships/ems-fellowship>

Applicants will be considered for an interview after receipt of the following documents:

- Completed application form
- Curriculum vitae
- Personal statement / letter of intent
- 3 reference letters (one must be from Residency Program Director)
- Results of USMLE or COMLEX exams (may be provided as copies)

Interviews are held in September or October and will be offered on a rolling basis when all application materials have been received. To allow adequate time for an interview to be offered and scheduled, all application materials should be received by **September 1** of the year prior to the academic year of application.

Applicants are encouraged to include comments relevant to the following areas in their personal statements:

- Your interest in a career in EMS medicine.
- Your goals in pursuing a career in EMS medicine over the next 5-10 years.
- Any experience or qualifications that set you apart from other candidates.
- If there are any specific features of the UPMC EMS Fellowship program that impact your interest in this program.

Please email (preferred) or mail all application components to:

Janna Nelson  
Program Coordinator, UPMC EMS Fellowship  
Department of Emergency Medicine  
230 McKee Place, Suite 500  
Pittsburgh, PA 15213  
[griboviczjm@upmc.edu](mailto:griboviczjm@upmc.edu)

If you have any questions about the application process, please contact Janna Nelson by email ([griboviczjm@upmc.edu](mailto:griboviczjm@upmc.edu)) or phone (412-647-9922).



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## APPLICATION FORM



### PERSONAL & CONTACT INFORMATION

<b>PERSONAL</b>	NAME	DOB
	Gender <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Decline to answer	Race/Ethnicity (Mark any that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic, Latino, or of Spanish Origin <input type="checkbox"/> White <input type="checkbox"/> Other Race/Ethnicity <input type="checkbox"/> Unknown Race/Ethnicity <input type="checkbox"/> Decline to answer
<b>ADDRESS</b>	STREET	
	CITY, STATE	ZIP CODE
<b>CONTACT</b>	HOME	MOBILE
	EMAIL	

### EDUCATION & TRAINING (If multiple schools attended per group, list last attended here and remainder in CV or separate list)

<b>UNDERGRADUATE</b>	SCHOOL NAME		
	START (MM/YY)	COMPLETION (MM/YY)	DEGREE
<b>GRADUATE</b>	SCHOOL NAME		
	START (MM/YY)	COMPLETION (MM/YY)	DEGREE
<b>MEDICAL SCHOOL</b>	SCHOOL NAME		
	START (MM/YY)	COMPLETION (MM/YY)	DEGREE
<b>RESIDENCY</b>	PROGRAM NAME		
	PROGRAM DIRECTOR		
	START (MM/YY)	COMPLETION (MM/YY)	SPECIALTY

**REFERENCES** (Please list three professional references and have them forward letters to [gribowiczjm@upmc.edu](mailto:gribowiczjm@upmc.edu))

REFERENCE #1 Residency Program Director (Required)	NAME	TITLE
	EMAIL	RELATIONSHIP <i>Residency Program Director</i>
REFERENCE #2	NAME	TITLE
	EMAIL	RELATIONSHIP
REFERENCE #3	NAME	TITLE
	EMAIL	RELATIONSHIP

**MISCELLANEOUS**

	YES	NO
Do you hold a valid US driver's license?		
Do you now or will you in the future require employer sponsorship for employment?		

**ATTESTATIONS**

	YES	NO
Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?		
Are criminal charges pending against you in any court?		
Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held now or previously, or ever find, censured, reprimanded or otherwise disciplined you?		
Are charges pending against you in any jurisdiction for any sort of professional misconduct?		
Has any hospital or licensed facility restricted or terminated your professional training, employment or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such associate to avoid imposition of such measures?		
<i>If yes to any question above, please attach an appropriate explanation</i>		

I certify that all the information above is true to the best of my knowledge.

Signed Name: \_\_\_\_\_

Date: \_\_\_\_\_

*(Your full name here will be accepted as your electronic signature)*