

Global Emergency Medicine & Rural Health Fellowship

Dear Applicant:

Thank you for your interest in the **University of Washington Global Emergency Medicine and Rural Health Fellowship Program** (UW GEMRH). We are delighted that you are interested in our program and look forward to reviewing your application. We participate in the Global Rural Health Fellowship Match through [SAEM, Global Emergency Medicine Fellowship Consortium](#) (GEMFC), where you will need to register and meet their application requirements. In addition, **UW has its own application process which consists of six components:**

1. Fellowship Application Form
2. Letter of Intent (1 page)*
3. CV
4. Personal Statement (1 page) *
5. Three letters of recommendation including one from the current chair or residency director, and one from a mentor in global health (if applicable) *
6. USMLE transcript *

**Further details listed below*

Please submit all application materials in PDF or Microsoft Word format to uwglobalem@gmail.com. Letters of Recommendation should be emailed directly from your references. Note that all applicants must also register and apply through the [SAEM/GEMFC](#) match portal.

Candidates must apply separately to their MPH program, and their chosen tropical medicine education program (e.g. GORGAS or London School). The fellowship director will work with the fellow, immediately after selection, to help guide these applications.

UW GEMRH Fellowship will be accepting applications from July 1 through September 30. We will hold interviews in late September and early October, with dates announced by August 1st of each year. SAEM will provide a timeline for the match opening, rank list deadlines, and announcement of match results- typically the first or second week in November.

If you have any questions, please visit our [website](#) or contact the program administrator at uwglobalem@gmail.com.

Sincerely,



Sachita Shah MD FACEP DTM&H

Director- Global Emergency Medicine and Rural Health Fellowship
UW Department of Emergency Medicine
Email: uwglobalem@gmail.com | WEB: em.uw.edu

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UW APPLICATION FORM

Applicant Information

Last Name	First Name	Suffix (i.e. MD, DO)	
EM Residency Program	EM Residency Graduation Date	Date of Birth	Citizenship
Current Employment: Name of Hospital/Organization and Job Description			

Contact Information

Street Address		City	
State	Zip	Country	
Personal Email:		Cell Number:	

License and Certification

Emergency Medicine Board Certification Status			
Board Certified in Emergency Medicine? YES [] NO []			
If yes, specify Board Certification date: ____/____/____			
If no, Written Boards passed? YES [] NO []			
Oral Boards Passed? YES [] NO []			
If no, what date do you plan on taking the boards? ____/____/____			
Active Medical Licenses			
State:		Valid Dates:	

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Education Commission for Foreign Medical Graduates Certification	
Are you certified by the ECFMG? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] Not applicable [<input type="checkbox"/>]	
If yes, what is your ECFMG Number:	

Application Material Details:

Fellowship Application Form- *Please submit via email to uwglobalem@gmail.com.*

Letter of Intent- *Please submit a letter of intent outlining your interest in this program, relevant skills, and intentions for a course of study and project focus.*

Personal Statement- *Please submit a personal statement explaining why you are interested in this program, how this program will help you with your career development, and your future career plans. Please also describe any prior global or rural health experience you have had and/or include other formative experiences working with underserved populations that helped to shape your current goals.*

USMLE Transcripts- *Please send official transcripts uwglobalem@gmail.com.*

Letters of Recommendation- *Please submit three (3) letters of recommendation. Letters should be from physicians and one of the letters can be from your program director. Letters can be emailed directly to our program.*

In addition: Please identify your current Department of Emergency Medicine Chair and provide their contact information:

Name:			
Number:		Email:	

Please note, all application materials are needed for your application to be reviewed. Once all your application materials are received, we will notify you by email. Please submit all materials to uwglobalem@gmail.com .