

# Global Emergency Medicine and Rural Health Fellowship Pine Ridge Reservation, SD / HIS

## Dear Applicant:

Thank you for your interest in the **University of Washington Global Emergency Medicine and Rural Health Fellowship Program (UW GEMRH)** at the **Pine Ridge Reservation in South Dakota**. We are delighted that you are interested in our program and look forward to reviewing your application.

UW GEMRH fellowship at Pine Ridge, SD is recruiting to fill one fellowship position. This is a 1 year (optional 2nd global health year), Non-ACGME Fellowship that has been approved to recruit outside the SAEM, Global Emergency Medicine Fellowship Consortium (GEMFC) Match. To apply for the **UW GEMRH Pine Ridge fellowship, the below materials need to be emailed directly to [uwglobalem@gmail.com](mailto:uwglobalem@gmail.com)**.

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
6. residency director, and one from a mentor in global health (if applicable) \*
7. USMLE transcript \*

*\*Further details listed below*

**Please submit all application materials in PDF or Microsoft Word format to [uwglobalem@gmail.com](mailto:uwglobalem@gmail.com)**. Letters of Recommendation should be emailed directly from your references.

**UW GEMRH Fellowship (Pine Ridge Reservation, SD) will be accepting applications from June 1st through January 15<sup>th</sup>**. Though these will be rolling admissions, we will plan to hold interviews in early December and will make offers in late January until positions are filled.

If you have any questions, please visit our [website](http://uwglobalem@gmail.com) or contact the program administrator at [uwglobalem@gmail.com](mailto: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](mailto:uwglobalem@gmail.com) | Website: [em.uw.edu](http://em.uw.edu)

# Global Emergency Medicine and Rural Health Fellowship UW Application Form

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

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: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## 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: \_\_\_\_\_ License Number: \_\_\_\_\_

## Global Emergency Medicine and Rural Health Fellowship

### EDUCATION COMMISSION FOREIGN MEDICAL GRADUATE CERTIFICATION

Are you certified by the ECFMG? YES ☐ NO ☐ NOT APPLICABLE ☐

If yes, what is your ECFMG Number: \_\_\_\_\_

### Application Material Details:

- **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 to [uwglobalem@gmail.com](mailto:uwglobalem@gmail.com).*
- **Letters of Recommendation-** Please identify your current Department

### CONTACT INFORMATION Cont.

Department Chair Name: \_\_\_\_\_

Phone 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](mailto:uwglobalem@gmail.com).