

APPLICATION FOR PAIN MEDICINE FELLOWSHIP PROGRAM

Program Director: William R. Grubb MD

Program Coordinator: Doreen M. Stillwell

Instructions:

To apply for a full-time appointment to the Rutgers Robert Wood Johnson Medical School, Pain Medicine Fellowship, please email your materials to: doreen.stillwell@rutgers.edu (If you receive an error message sending please breakdown attachments to more than 1 email)

Application checklist:

Required documents to be enclosed with your application. Interviews are only granted upon receipt of completed application.

- Application Form:** Please type or print legibly in black ink and sign the last page.
- Personal Statement with Optional Photo:** One page double-spaced.
- Copies of FLEX, NMBE, or USMLE exam scores** and if applicable, active medical license, and DEA registration.
- Copies of Most Recent In-Training and Metric exam scores** if applicable.
- Three letters of Recommendation:** One letter must be from either the Residency Program Director or the Department Chairperson. Letters must be dated no more than one year prior to the application date. Letters must be from persons qualified to comment on your qualifications in a patient care setting.
***** ADDRESS ALL LETTERS TO WILLIAM R. GRUBB, M.D., PROGRAM DIRECTOR *****

CV Checklist:

Required information to be included in your CV. Additional information may be included if deemed pertinent.

- List all **GRADUATE MEDICAL EDUCATION TRAINING** in chronological order. Include month/year of attendance, and The name (do not abbreviate) and address of the sponsoring institution.
- List all **COLLEGES AND UNIVERSITIES ATTENDED** in chronological order. Include month/year of attendance, the name (do not abbreviate) and address of the institution, major field of study, degree awarded, and the date the degree was awarded.
- PROFESSIONAL EXPERIENCE**, if applicable. List in chronological order. Include date of position held, the name (do not abbreviate) and address of the institution, and title/position held.
- American specialty **BOARD CERTIFICATIONS**, if applicable. If **BOARD ELIGIBLE**, include American board name, and month/year of certifying.
- List all active and inactive **MEDICAL LICENSES**, if applicable. Include license number, year issued, and date of expiration.
- List **PUBLICATIONS and PRESENTATIONS**
- List **AWARDS and HONORS**

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Last Name	First Name	MI
E-mail Address (required) _____		
Cell Phone Number: _____	Home Phone Number: _____	
Desired Starting Date: July 201_____	Application Date: _____	
Mailing Address:		
Street		
City	State	Zip
Date of Birth: _____		
Country of Citizenship or Last Permanent Residency: _____		
Current Visa Status: _____	Type of Visa: _____	Expiration _____
Place of Birth: _____		
	City	State
	Zip	Country
Current Employer: _____		
Employer Address: _____		
Work Phone: _____	Training Level: _____	
Exam Dates: Month/Year _____		
MD/DO	National Board	FLEX
	USMLE	FMGEMS
Interest in research participation: _____ (yes/no)		
NJ Medical License Application in Progress: _____ (yes/no)		NJ Medical License No.: _____
Anesthesia Board Certified: _____ (yes/no)		Written Board: _____
PM&R _____ (yes/no)		
Neurology _____ (yes/no)		
Psychiatry _____ (yes/no)		

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I. Program Requirements:

- A. Our program requires a personal interview.
- B. Additional documentation may be required by the program.

II. Policies Regarding Approval:

- A. Foreign applicants that are not US citizens or Permanent residents must have a current J-1 visa. No other visas are accepted by Rutgers-RWJMS Medical School.
- B. A fellowship appointment is contingent upon obtaining both a New Jersey medical License and DEA License.
- C. Rutgers Robert Wood Johnson Medical School does not discriminate with regard to sex, race, color, age, creed, or nation origin in judging an applicant's qualifications for admission.

III. How did you hear about our fellowship?

- Internet website: _____ other (Please specify): _____

Professional Data

- A. Has your license to practice medicine in the U.S. ever been denied, limited, suspended, revoked, or not renewed? Yes No

If yes, please explain

- B. Have any disciplinary actions been initiated or are any pending against you by the State Licensure board? Yes No

If yes, please explain

- C. Has your Federal/State controlled substances or narcotics registration ever been limited, revoked, suspended or not renewed, voluntarily or involuntarily, and is such registration subject to any pending challenge? Yes No

- D. Have you ever been convicted of a felony? Yes No

If yes, give details of conviction including dates:

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IV. Acknowledgement and release of information

Read the following statements carefully before signing your application:

I understand that all application material submitted to Rutgers Robert Wood Johnson Medical School becomes the property of the Rutgers Robert Wood Johnson Medical School and is not returnable.

I understand that the information submitted herein will be relied upon by Rutgers Robert Wood Johnson Medical School to determine my status for interview selection, appointment, and training eligibility. I authorize Rutgers Robert Wood Johnson Medical School to verify the information I have provided. I understand that any omission of requested data may jeopardize my admission, or subsequent academic standing at Rutgers Robert Wood Johnson Medical School. I agree to notify the Department of Anesthesiology of any changes in the information provided.

I certify that the information in the application and curriculum vitae is complete and correct to the best of my knowledge and belief. I acknowledge the submission of any false information is grounds for rejection of my application, withdrawal of any acceptance offer, appointment revocation, or appropriate disciplinary action after appointment.

I release from liability and from any restrictions as to confidentiality or privacy all hospitals, schools, physicians, employers, individuals, agencies, or organizations that provide information about me at the request of Rutgers Robert Wood Johnson Medical School or its agents.

Signature _____

Date _____

Program Director: William R. Grubb, MD
c/o Doreen M. Stillwell
Rutgers Robert Wood Johnson Medical School-Anesthesia Department
125 Paterson Street, Suite 3100
New Brunswick, NJ 08901

Phone: (732) 235-6631
Fax: (732) 235-5100

Optional Photo can be placed here and scanned with your application for emailing.