



**Institute for Safe Medication Practices  
Safe Medication Management Fellowship  
Application Packet**

**The fellowship begins each year in July. Applications will be accepted until March 30<sup>th</sup> of the same calendar year.**  
(For example, the deadline for a July, 2012 start is March 30, 2012.)

**To be considered, the following items should be mailed to ISMP:**

- Completed Application
- Current Curriculum Vitae
- Letter of interest/personal statement discussing your interests and future career plans. Limit to one (1) page using a 12 point font.
- Optional:** Passport size photograph

**The following items should be mailed directly from the source:**

- Three (3) professional and/or academic letters of reference.  
Please list those persons from whom letters should be expected:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_
- Official undergraduate and graduate (if applicable) transcripts.

**Mail Application Packet to:**

ISMP Safe Medication Management Fellowship Program  
Michael R. Cohen, RPH, MS, ScD  
Institute for Safe Medication Practices  
200 Lakeside Drive, Suite 200  
Horsham, PA 19044

*Race, creed, sex, national origin, and marital status play no role in the acceptance of any applicant.*

Applicant's Name: \_\_\_\_\_  
*last name* *first initial*



## ISMP Safe Medication Management Fellowship APPLICATION FORM

*Please complete the fields below. Print, sign and date the form, and include it with your supporting documents.*

Fellowship to begin: July \_\_\_\_\_

Name: \_\_\_\_\_  
*last (family)* *first* *middle*

Home Address: \_\_\_\_\_  
*number* *street*

\_\_\_\_\_

*city* *state/province* *zip/postal code*

\_\_\_\_\_

*country*

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer (if applicable): \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*number* *street*

\_\_\_\_\_

*city* *state/province* *zip/postal code*

\_\_\_\_\_

*country*

Current School (if applicable): \_\_\_\_\_

School's Address: \_\_\_\_\_  
*number* *street*

\_\_\_\_\_

*city* *state/province* *zip/postal code*

\_\_\_\_\_

*country*

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Applicant's Name: \_\_\_\_\_  
*last name* *first initial*

**EDUCATION**

	NAME/LOCATION	DEGREE	GRADUATION DATE
<b>UNDERGRADUATE EDUCATION</b>			
<b>POST-GRADUATE EDUCATION</b>			
<b>RESIDENCY/ FELLOWSHIP</b>			
<b>SPECIAL STUDIES/ HONORS/AWARDS</b>			

**LICENSURE**

PROFESSIONAL LICENSURE	YEAR LICENSED	STATE LICENSED	LICENSE NUMBER

**EMPLOYMENT HISTORY**

*Please complete this section only for information not included on your Curriculum Vitae.*

EMPLOYER	DATES OF EMPLOYMENT	POSTION HELD

*Race, creed, sex, national origin, and marital status play no role in the acceptance of any applicant.*

Applicant's Name: \_\_\_\_\_  
*last name* *first initial*

**SPECIAL INTERESTS AND ABILITIES**

Please describe any personal talents, hobbies, or abilities: \_\_\_\_\_

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Invitation for interview is dependent upon a completed application, including letters of reference and transcripts. In signing this application, I certify that all information submitted is a complete and accurate statement of the facts. I authorize you to verify all information I have provided in this application. I agree to notify you promptly of any change in my status.

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

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