

Application Packet for Fellowships Commencing in 2019



ISMP Safe Medication Management Fellowship, 2019-2020



**ISMP International Medication Safety Management Fellowship
2019-2020 or 2019-2021**



FDA/ISMP Safe Medication Management Fellowship, 2019-2020

Please select the Fellowship(s) for which you would like to be considered (you may select one or more Fellowships).

- ISMP Safe Medication Management Fellowship**
 - 1 year at ISMP
 - Fellowship start date: July 2019

- ISMP International Medication Safety Management Fellowship**
 - 1 or 2 years at ISMP
 - Fellowship start date: Summer 2019

- FDA/ISMP Safe Medication Management Fellowship**
 - 6 months at the FDA, 6 months at ISMP
 - Fellowship start date: August/September 2019

Applications for all Fellowships will be accepted through: **June 30, 2019**

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

To be considered for a Fellowship position, the following items should be emailed or mailed to ISMP:

- Completed application
- Current curriculum vitae
- Letter of interest/personal statement discussing your interests and future career plans (limit to one page using a 12-point font)
- Three 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) mailed or secure electronic transcripts
 - Optional: Passport size photograph
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Email or Mail Application Packet to:

Email Address: fellowship@ismp.org

Mailing Address:

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

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Applicant's Name: _____
last name first initial

APPLICATION FORM

Please complete the fields below. Sign and date the form and include it with your supporting documents.

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

Languages Spoken: _____

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Applicant's Name: _____
last name *first initial*

EDUCATION

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

LICENSURE

PROFESSIONAL LICENSURE	YEAR LICENSED	STATE/COUNTRY LICENSED	LICENSE NUMBER

EMPLOYMENT HISTORY

Please complete this section only for information not included on your curriculum vitae.

EMPLOYER	DATES OF EMPLOYMENT	POSTION HELD

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Applicant's Name: _____
last name first initial

SPECIAL INTERESTS AND ABILITIES

Please describe any personal talents, hobbies, or abilities: _____

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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