

Applicant's Name: _____
last name first initial



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

Applications will be accepted until March 31, 2018

Fellowship start date: July 2018

To be considered, 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 (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.

Email or Mail Application Packet to:

Email Address: fellowship@ismpp.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

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

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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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EDUCATION

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

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

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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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