



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

**The 2017-2019 2-year fellowship will begin on September 1, 2017. Applications will be accepted until June 30, 2017.**

**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, particularly as related to international medication safety (limit to 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@ismp.org](mailto: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

Applicant's Name: \_\_\_\_\_  
*Last name, first initial*

## **ISMP International Safe Medication Management Fellowship APPLICATION FORM**

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

Fellowship to begin: September \_\_\_\_\_

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: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

*Last name, first initial*

**EDUCATION**

	NAME/LOCATION	DEGREE	GRADUATION DATE
<b>UNDERGRADUATE EDUCATION</b>			
<b>POST-GRADUATE EDUCATION</b> (Must have advanced degree in healthcare)			
<b>RESIDENCY/ FELLOWSHIP</b>			
<b>SPECIAL STUDIES/ HONORS/AWARDS</b>			

**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.  
(Must have at least 1 year of experience in a clinical role in an acute care setting.)*

EMPLOYER	DATES OF EMPLOYMENT	POSTION HELD

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: \_\_\_\_\_