

Application Packet for 2019-2020



ISMP Safe Medication Management Fellowship



U.S. FOOD & DRUG
ADMINISTRATION



FDA/ISMP Safe Medication Management Fellowship

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

☐ **ISMP Safe Medication Management Fellowship**

- 1 year at ISMP
- Fellowship start date: July 2019

☐ **FDA/ISMP Safe Medication Management Fellowship**

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

Applications for both Fellowships will be accepted through: **March 31, 2019**

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

To be considered for either or both Fellowships, 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

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

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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 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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