

## Application Packet for Fellowships Commencing in 2020



**ISMP Safe Medication Management Fellowship, 2020-2021**



**ISMP International Medication Safety Management Fellowship, 2020-2021**



**FDA/ISMP Safe Medication Management Fellowship, 2020-2021**

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 2020
  
- ISMP International Medication Safety Management Fellowship**
  - 1 year at ISMP
  - Fellowship start date: Summer 2020
  
- FDA/ISMP Safe Medication Management Fellowship**
  - 6 months at the FDA, 6 months at ISMP
  - Fellowship start date: August/September 2020

Applications for all Fellowships will be accepted through: **March 31, 2020**

*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](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

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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
<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/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: \_\_\_\_\_

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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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