



**Wayne State University
Department of Anesthesiology
Pain Medicine Fellowship Application**

Name of Applicant, and Degree: _____

Date of application: _____ Date available to begin fellowship: _____

Mailing Address: _____

Phone number: _____ Fax number: _____

E-mail address: _____

Date of Birth: _____ Place of Birth: _____

Educational Information

Undergrad

Name of Institution & Dates: _____

Internship

Name of Institution & Dates: _____

Residency

Name of Institution, Type of Residency, & Dates: _____

Additional Training: _____

Examination History

USMLE Step I Score (2 digit/3 digit): _____ # of Attempts: _____

USMLE Step II Score (2 digit/3 digit): _____ # of Attempts: _____

USMLE Step III Score (2 digit/3 digit): _____ # of Attempts: _____

Medical Licensure:

State(s): _____

Signature of Applicant



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Additional Application Questions

Name _____

1. Why are you applying for a position as a Pain Fellow? What are your long term goals? What are your short term goals? _____

2. Why are you interested in our program specifically? _____

3. What strengths do you bring to a program, when compared to your peers? _____

4. What outside interests do you have? _____
