Mount Sinai Institute for Critical Care Medicine (ICCM)

Global Critical Care Research Fellowship Program in

Dhulikhel Hospital

Application

FIRST NAME:	LAST NAME:	DATE:			
ADDRESS:					
COUNTRY: PASSPORT:	TELEPHONE NUMBER: EMAIL ADDRESS:				
AFFILIATED HOSPITAL:					
AFFILIATED HOSPITAL ADDRESS:					
EDUCATION:					
SECONDARY SCHOOL:		GPA			
UNIVERSITY:	DEGREE:	GPA			
GRADUATE SCHOOL:	DEGREE:	GPA			

LANGUAGES SPOKEN:

("Beginner" indicates ability to engage in short conversations and navigate making purchases at a store or asking directions, "intermediate" includes the ability to engage in more detailed conversations and give a short oral presentation, "Fluent" indicates the ability to engage in technical discussions and debate complex topics)

FIRST LANGUAGE:	
SECONDARY LANGUAGE:	LEVEL:
SECONDARY LANGUAGE:	LEVEL:

EMPLOYMENT HISTORY

Please List in Chronological Order starting with most recent

1.) POSITION:	EMPLOYER:
DATES OF EMPLOYMENT:	ТО
2.) POSITION:	EMPLOYER:
DATES OF EMPLOYMENT:	ТО
3.) POSITION:	EMPLOYER:
DATES OF EMPLOYMENT:	ТО
4.) POSITION:	EMPLOYER:
DATES OF EMPLOYMENT:	то

PUBLICATIONS (this may include original research, review articles, book chapters, or published letters)

1.

2.

3.

4.

Tell us about your experience with the following computer software by circling/highlighting the level of your knowledge about each:

MICROSOFT WORD:	No familiarity	Some familiarity	Very Familiar	Expert
MICROSOFT POWERPOINT:	No familiarity	Some familiarity	Very Familiar	Expert
MICROSOFT EXCEL:	No familiarity	Some familiarity	Very Familiar	Expert
STATA	No familiarity	Some familiarity	Very Familiar	Expert
SPSS	No familiarity	Some familiarity	Very Familiar	Expert
R	No familiarity	Some familiarity	Very Familiar	Expert
REDCAP	No familiarity	Some familiarity	Very Familiar	Expert

<u>LETTERS of RECOMMENDATION</u> (Applications to the fellowship require two letters of recommendation: these letters can be from a teacher/professor, a job supervisor, or other individual with whom you have a close personal relationship other than a family member.)

<u>Recommender #1</u>				
NAME:	RELATIONSHIP	YEARS KNOWN		
Recommender #2				
NAME:	RELATIONSHIP	YEARS KNOWN		
PERSONAL STATEMENT: (Please describe in 500 words or less your interest in the research fellowship				

and how you believe it will contribute to your career goals)