

**Carolinas Medical Center
EMS Fellowship Application**
Center for Prehospital Medicine
PO Box 32861
Charlotte, NC 28232 – 2861



Contact Information

Full Name: _____ Preferred Name: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

E-mail: _____

Education History

College / University: _____ Location: _____

Graduation Date: _____ Degree: _____

Extracurricular activities, honorary societies, etc:

Empty text box for extracurricular activities.

College / University: _____ Location: _____

Graduation Date: _____ Degree: _____

Extracurricular activities, honorary societies, etc:

Empty text box for extracurricular activities.

Medical School: _____ Location: _____

Graduation Date: _____ Degree: _____

Extracurricular activities, honorary societies, etc:

Empty text box for extracurricular activities.

Residency: _____

Location: _____

Residency: _____

Location: _____

Narrative: Describe, in 1,000 words or less, your experience with EMS, including any activities before or during residency, and why you are interested in the Carolinas Medical Center EMS Fellowship.

[Empty box for narrative response]

Professional References

Please provide references from your Residency Program Director, and two other individuals. Each should provide a personal letter of reference, mailed to our office.

Reference 1 – Residency Program Director

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Reference 2

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Reference 3

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____