



Application Instructions

MGH Fellowship Program in Rural Health Leadership

Thank you for your interest in the MGH Fellowship Program in Rural Health Leadership.

We manage application materials electronically. Please arrange materials including letters of recommendation to be emailed to the program at ruralmedicine@mgh.harvard.edu. We will confirm receipt. Please direct questions about the program or the application to Fellowship Co-Director Matthew Tobey at matthew.tobey@mgh.harvard.edu.

Application checklist:

1. **A completed application form (this document)**
2. **A CV**
3. **Three letters of recommendation, electronic or scanned, one of which is from your program director, or, if you are no longer in residency, from a current clinical supervisor**

Applications will be accepted from **Monday, 7/1/19 to Monday, 9/30/19**. Interviews and acceptances will be offered on a rolling basis.

It is the ethos of the Rural Health Leadership program that we will tailor the fellowship experience to each fellow's interests and career needs. We believe in partnership with our fellows as much as with the communities in which we work and aspire to create an environment of co-ownership and co-leadership.

Please contact us with questions at any time at either of the above email addresses.

The program encourages applications from individuals from underrepresented minority groups or who hail from rural areas. Massachusetts General Hospital is an equal opportunity employer.



Massachusetts General Hospital
Fellowship Program in Rural Health Leadership

Application form for fellowship period starting July 1, 2020

I. Personal / Contact Information (* = *required*)

*Name in full (last, first middle):

Former names:

*Email Address:

*Address for Correspondence:

Other Address:

*Contact Telephone Number:

Other Telephone Numbers:

Fax Number:

Name of Spouse/Partner If Applicable:

*Emergency Contact Name:

*Emergency Contact Number:

*Date of Birth:

*Last Four Digits of SSN:



*Yes/No : Are you a US citizen, a non-citizen US national, or permanent resident (I-551 or I-151)?

[If No: if you have not already, please contact our program immediately to discuss visa status.]

*Yes/No: Have you completed a US medical residency in a primary care field?

II. Education, Licensure

*Please include all educational programs since high school **in the attached CV**, including dates of attendance, degrees and honors.*

*Please include all residency training including hospital, location, dates, and type of residency **in the attached CV**.*

*Please include all prior fellowship training programs including relevant information such as location, affiliations, and type **in the attached CV**.*

*Please describe up to 5 experiences relating to rural health or health care for underserved/vulnerable groups. Please **use 40 words or less** to name and describe each experience, along with dates and approximate hours served.

Experience 1:

Experience 2:

Experience 3:

Experience 4:

Experience 5:



*Yes / No: Have your privileges at any hospital or other facility ever been denied, limited, suspended, revoked, or not renewed? And/or have you ever been denied membership or a renewal therein or been subjected to disciplinary proceedings in any hospital or medical organization?

If yes, please give full details on a separate page.

*Yes/No: Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked?

If yes, please give full details on a separate page.

*Yes/No: Have you ever voluntarily relinquished your license?

If yes, please give full details on a separate page.

*Yes/No: Have you failed any USMLE or board examinations or have you not yet taken Step 3?

If yes, please list exams and dates here:

*Board Certifications/Eligibilities, if any:

*Please list all current and past state medical licenses:

III. CV Supplement

(CV Supplement, if needed) Please list key educational/teaching activities, publications, presentations, awards, honors and grant receipts in your CV. You may optionally list additional notable items here:



IV. References

Please list the name, title, and email address or phone number of your three letter writers.

*Letter writer 1:

*Letter writer 2:

*Letter writer 3:



V. Statement of Interest:

Please write a ≤ 250 -word statement regarding your interest in work with rural, underserved and/or vulnerable communities. Consider addressing interests in clinical care, health systems, social justice or research, along with corresponding career goals or personal experiences. This is intended to be a brief summary of your career/personal interests and not comprehensive.



VI. Attestation:

I certify that, to the best of my knowledge and belief, all of my statements are true, complete, and made in good faith.

Candidate's name (serves as signature):

Date: