

# Massachusetts General Hospital 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](mailto:ruralmedicine@mgh.harvard.edu). We will confirm receipt. Please direct questions about the program or the application to Fellowship Director Stephanie Sun at [swsun@mgh.harvard.edu](mailto:swsun@mgh.harvard.edu) or Fellowship Coordinator Aislinn O'Keefe [aokeefe6@mgh.harvard.edu](mailto:aokeefe6@mgh.harvard.edu).

## Application Checklist

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

Applications are currently being considered from candidates interested in starting the fellowship on July 1, 2025. Applications are due by October 31, 2024. Interviews 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 atmosphere of co-ownership and co-leadership.

Given the fellowship's focus, the program encourages applications from individuals from underrepresented minority groups and/or who hail from rural areas. Massachusetts General Hospital is an equal opportunity employer.

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

# Massachusetts General Hospital Fellowship Program in Rural Health Leadership

Application from for fellowship cycle starting July 1, 2025

## I. **Personal / Contact Information** (\* required)

\*Name in full (last, first middle):

Former names:

\*Email Address:

\*Mailing Address for Correspondence:

Other Address:

\*Contact Telephone Number:

Other Telephone Numbers:

Fax Number:

\*Date of Birth:

\*Last Four Digits of SSN:

\*Emergency Contact Name:

\*Emergency Contact Number:

Name of Spouse/Partner If Applicable:

\*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.*



\*Will you have completed a US medical residency in a primary care field by July 1, 2025?

Residency:

*If Family Medicine selected:* Do you have an interest in continuing to practice obstetrics?

*If Combined Internal Medicine & Pediatrics:* Do you have an interest in continuing to practice pediatrics?

## II. Education / Licensure (\* required)

*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.

Experience 1:

Dates:    Approximate hours:

Experience 2:

Dates:    Approximate hours:

Experience 3:

Dates:    Approximate hours:

Experience 4:

Dates:    Approximate hours:

Experience 5:

Dates:    Approximate hours:



### Licensure Questions

\* 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 in Appendix A.*

\*Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked?

*If yes, please give full details in Appendix A.*

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

*If yes, please give full details in Appendix A.*

### Board Certification/Eligibility Questions

\*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. List any 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 Interests and Goals**

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



**VI. Define leadership**

Please write a ≤ 100-word statement describing what leadership means to you.

**VII. 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:



**VIII. Appendix A:**

*If you answered yes to any of the licensure questions on page 5, please provide full details here.*