

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
FELLOWSHIP IN HYPERBARIC MEDICINE**

APPLICATION FOR HYPERBARIC FELLOWSHIP

This fellowship is open to all qualified applicants regardless of age, ancestry, color, disability, marital status, sexual orientation, national origin, race, religious creed, or sex.

PLEASE PRINT

| |
|--|
| NAME: _____ DATE: _____ |
| DATE OF BIRTH: _____ SOCIAL SECURITY # _____ |
| PRESENT ADDRESS _____ _____ |
| Telephone: Home: _____ Work: _____ Cell: _____ Email: _____ |
| Other names by which you have been identified: _____ _____ |

| | |
|--|-----------------------|
| Are you authorized to practice medicine in the U.S? | _____ Yes _____ No |
| Have you ever been suspended or excluded from the Medicare or Medicaid program, or has your participation status ever been modified? If the answer to this question is yes, please provide a detailed account of the circumstances on a separate sheet of paper | _____ Yes _____ No |
| Has your narcotics license ever been suspended? If the answer to this question is yes, please provide a detailed account of the circumstances on a separate sheet of paper | _____ Yes _____ No |
| Have you ever been convicted of a felony? If the answer is yes, please provide a detailed account of the circumstances on a separate sheet of paper. | _____ Yes _____ No |

EMPLOYMENT HISTORY

| | |
|---|-----------------------|
| Are you presently employed? | _____ Yes _____ No |
| May we contact your present and previous employers or references? | _____ Yes _____ No |

CURRICULUM VITAE (CV)

- Attach your current CV – must include the following information:
 - Name, address, telephone numbers
 - Birthday and place of birth
 - Citizenship
 - Education-Undergraduate, Graduate, Medical, Internship, Residency, Fellowship- the name and address of all institutions, the specific years attended, course of study [major(s) and minor (s)], and diploma or degree awarded
 - Employment History- begin with the most recent- provide names, addresses and telephone numbers of employers, dates of employment, job titles and duties, and reasons for leaving
 - Professional License and Certifications-include all states with active and inactive license
 - Publications and Research
 - Presentations and Guest Lectures
 - Grants, Awards and Honors
 - Membership in Professional Organizations
 - Military Services-include branch of service and years served

EDUCATION AND TRAINING

- Provide official transcript from medical school
- Attach copies of certificates from all professional training programs
- Attach documentation of active residency in approved residency program or proof of board eligibility
- Provide written statement regarding any lapses of greater than six months in educational training or employment history

PROFESSIONAL LICENSES AND CERTIFICATIONS

- Provide copy of Professional Licenses and Certifications
 - Current Medical Licenses
 - Current DEA Licenses
 - Current state DEA if applicable
 - Board Certification if applicable
 - Scores from any licensing examinations (i.e. STEP scores, USMLE scores)

PUBLICATIONS AND RESEARCH

- Submit one copy of each of your publications and abstracts
- Describe any current research you are involved in:

LETTERS OF RECOMMENDATION

- Submit one (1) letter of recommendation from your Program Director
- Submit one (1) letter from Current Supervisor (MD or PhD) if applicable
- Submit three (3) letters of recommendation

PERSONAL STATEMENT

- On a separate sheet of paper please write a personal statement/essay which explains your interest in hyperbaric medicine and why you wish to pursue fellowship training in this specialty. You should include personal or professional qualifications that you feel make you a good candidate.

I hereby certify that the answers to the foregoing questions and the information provided are true to the best of my knowledge and agree to have any of the statements checked by the Selection Committee unless I have indicated to the contrary. I am aware that a more detailed check of my background may be conducted and hereby authorize such an investigation. I understand that any misrepresentation or falsification can be grounds for refusal of appointment to the fellowship. I further understand that if accepted to the fellowship, any false statements or misrepresentations herein or with the application process may be cause for dismissal.

I understand that nothing contained in this fellowship application is intended to lead to or create a formal contract between the fellowship program and myself.

I hereby certify that I am not dependent upon any of the mind/mood altering drugs or recreational drugs. I hereby certify that I understand that the fellowship program is legally obligated to maintain a drug-free environment and that I will participate fully in helping to maintain such a drug-free environment.

Applicant's Signature: _____ Date: _____

**Please Return Complete Application to: Hyperbaric Medicine Fellowship Program
1816 Industrial Blvd.
Harvey, LA 70058**