



BETH ISRAEL DEACONESS
MEDICAL CENTER



BRIGHAM AND
WOMEN'S HOSPITAL



CHILDREN'S HOSPITAL,
BOSTON



DANA FARBER CANCER
INSTITUTE



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD MEDICAL
SCHOOL

Harvard Medical School Fellowship Program in Transfusion Medicine

Please submit one copy to the Dean of your medical school **and request that a transcript of your records and a Dean's Evaluation letter** be sent to:

R.M. Kaufman, M.D.
Brigham and Women's Hospital
75 Francis St., Blood Bank LB2-268c
Boston, MA 02115

1. Name _____
last first middle

2. Social Security No. _____ 3. Place of Birth _____

4. Citizenship _____ 5. Telephone (h) _____ (w) _____

6. Present Address _____

7. Permanent Address _____

8. College(s) Attended: _____ Dates: _____ Degree _____
from – to

9. Medical and/or Graduate Schools Attended/Honors: _____ Dates: _____ Degree _____
from – to

(over)

10. Hospital Experience (Please specify type of residency.) (An additional sheet or CV may be attached.)

Institution	Position	Dates: from – to
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Research Experience

Institution	Position	Dates: from – to
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Specialty, subspecialty board certification (if any) _____

13. If you are a recipient of fellowship, stipend, or other personal grant, please list the name of donating agency, amount, and period covered by the award.

14. Personal References: Please request that three members of your training program or medical school staff send us letters of recommendation, in addition to your Dean’s internship letter. One of these should be from your current or recent clinical chief of service, if possible. Please list the names and addresses of your references below.

15. Please list publications, medical societies, and honors (you may attach a copy of your curriculum vitae instead):

16. Academic Year you are applying for fellowship: _____

17. Additional comments: (An additional sheet may be attached if desired) (You may attach a recent photograph if you wish.)

Signature of applicant _____ Date _____