



**Medical University of South Carolina**  
 Emergency Medicine Medical Education Fellowship  
 Application

Please fill out the general information below. Along with this form, please attach and submit the following items:

1. A copy of your current CV
2. Personal statement: In 500-1000 words provide a brief description of why you have chosen to apply to our program with a focus on your goals for your fellowship
3. A minimum of one letter of recommendation. You may submit two letters, but only one is required. You may send or have letter writers email directly to [jennil@musc.edu](mailto:jennil@musc.edu)

**General Information**

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First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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Preferred name: \_\_\_\_\_

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Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

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Email: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_

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Do you have a criminal record?  
 (If yes, please attach a separate document with detailed explanation)

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**Please list your education and medical residency training information below:**

Degree	Institution	Year completed

**Instructions for submission:**

- Ensure that all items are completed on this form
- Attach 3 required documents (CV, personal statement, and letter(s) of recommendation)
- Email all forms to [jennil@musc.edu](mailto:jennil@musc.edu)