

GREY'S ANATOMY

Medical Communications Fellowship

Contact Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Medical Education and Residency Training

1) Medical School:

Date of Graduation:

2) Internship:

Date of Completion:

3) Surgery Residency:

Address:

Current Post Graduate Year of Training:

Name of Program Director:

Medical Communications Fellowship

Please attach the following to this application:

- 1) Personal Statement: What are your goals in surgery and media? How will the Grey's Anatomy Medical Communications Fellowship help you to achieve these goals? (500 words or less)
- 2) Curriculum Vitae (CV) including any past media or writing experience
- 3) Letter of good standing from your surgical residency program

My signature below attests that the information provided in the enclosed application is accurate.

Signature: _____

Date: _____