

Patient Safety Fellowship

A program of
The Jewish Healthcare Foundation
and
Health Careers Futures

When:

The 2011 Patient Safety Fellowship will meet weekly on the following **Tuesdays**:

June 7, 14, 21 and 28 AND July 5, 12, 19 and 26

Meetings are always **3:30 p.m. to 7:30 p.m.** (Dinner is included)

Where: Oakland/Shadyside Area

Deliverables: Group project due at last session

Who can apply: Current or recent students in health-related graduate programs (including but not limited to: Medicine, Nursing, Pharmacy, Dentistry, Occupational Therapy, Physical Therapy, Speech Pathology, Health Law, Health Policy, Public Health and Business).

* Up to 20 applicants are accepted

How to apply: Complete the attached application or visit www.hcfutures.org for an electronic version of the application.

******* Application deadline is April 8, 2011*******

Return the application and attachments via mail to:

Michelle Anderson, MOT, OTR/L
Program Associate
Jewish Healthcare Foundation
Centre City Tower
650 Smithfield Street, Suite 2400
Pittsburgh, PA 15222

Or via email to: anderson@jhf.org

For More Information:

Contact Michelle Anderson at 412-594-2581 or anderson@jhf.org





2011 APPLICATION

NAME: _____

CURRENT ADDRESS: _____

CURRENT PHONE NUMBER: _____

EMAIL*: _____

PERMANENT ADDRESS: _____

PERMANENT PHONE #: _____ PERMANENT EMAIL*: _____

CURRENT COLLEGE/UNIVERSITY: _____

YEARS COMPLETED: _____ EXPECTED GRADUATION DATE: _____

CURRENT DEGREE PROGRAM: _____

MAJOR(S) OR AREA OF FOCUS: _____

OTHER EDUCATIONAL INSTITUTIONS (DATES, MAJORS, DEGREES): _____

HOW DID YOU LEARN ABOUT THIS FELLOWSHIP? _____

HAVE YOU PREVIOUSLY APPLIED FOR A JHF FELLOWSHIP? YES NO

IF YES, PLEASE LIST WHICH FELLOWSHIP(S): _____

** Email is the primary means of communication between the Jewish Healthcare Foundation, program applicants, Fellows and Fellowship alumni.*



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APPLICATION SUBMISSION CHECKLIST

Please submit the following with your completed application:

- PERSONAL STATEMENT:** Include your expected contribution and gains from the Fellowship. Explain how your interest in patient safety and the healthcare industry relates to your career goals, interests, and leadership potential. ***DO NOT EXCEED 500 WORDS.***
- CURRENT RESUME:** Include paid and volunteer positions, special skills, honors and awards, campus activities, and community activities. *Transcript optional.*
- ONE LETTER OF RECOMMENDATION:** Recommendation from a current or recent Professor or employer who is familiar with your character, academic abilities and accomplishments.

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anderson@jhf.org

***** Applications and attachments must be postmarked by FRIDAY, APRIL 8, 2011 *****

Applicants will be notified of the selection committee's decision by FRIDAY, APRIL 22, 2011.

If you are selected, please inform us of your intention to participate by FRIDAY, APRIL 29, 2011.

OUTREACH AND RECRUITMENT

While it is your choice to provide us with the following information, it is important to us that we are successful in our efforts to reach out to a diverse applicant pool. We would appreciate your cooperation in providing the following demographic information to help gauge the success of these efforts.

DATE OF BIRTH: _____

HOMETOWN, STATE/COUNTRY: _____

GENDER: _____

RACE/ETHNICITY: _____

DECLARATION ON APPLYING

In submitting this application, you affirm that you have read this complete application; that, to the best of your belief and knowledge, the information you have given is true and accurate; and that if you are accepted as a JHF Patient Safety Fellow and decide to enroll in the program, you will complete the program in its entirety. More than one absence will be cause for dismissal from the program. You further commit to respect confidences shared on assignments and throughout the JHF Patient Safety Fellowship Program. Your signature below affirms your declaration on applying.

YOUR NAME (PRINTED)

YOUR SIGNATURE

DATE