

APPLICATION

2009 Patient Safety
Fellowship



NAME _____

CURRENT ADDRESS _____

CURRENT PHONE _____ 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, MAJOR(S), DEGREES)

How did you learn about this Fellowship?

Please list other graduate Fellowship or public service programs to which you are applying:

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

Attachments / Application Submission / Deadlines & Dates

Please submit the following with your completed application:

- PERSONAL STATEMENT** Include your expected contribution and gains from the Fellowship. Explain how your interest in Ethics, Patient Safety and the Healthcare Industry relates to your career goals, interests, and leadership potential. *Do not exceed two double-spaced pages of text.*
- 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 an individual (*not a relative*) who is familiar with your character, academic abilities and accomplishments. This individual must be an advisor, instructor, or employer in your field of study.

Return the application and attachments to: **Laura Mahood, MS, SCT(ASCP)**
Jewish Healthcare Foundation
Centre City Tower
650 Smithfield Street, Suite 2400
Pittsburgh, PA 15222

lmahood@prhi.org

Applications and attachments must be postmarked by **FRIDAY, MARCH 27, 2009.**

Applicants will be notified of the selection Committee's decision by FRIDAY, APRIL 17, 2009.

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 _____

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; that if you are accepted as a JHF Patient Safety Fellow you further understand that if you choose to enroll in the program, you will complete the program in its entirety, attending ALL sessions (excepting circumstances beyond your control). *An absence will be cause for dismissal from the program; and respect for confidences shared on assignment and throughout the JHF Patient Safety Fellowship Program is essential.* **Your signature below affirms your declaration on applying.**

YOUR NAME (PRINTED)

YOUR SIGNATURE

DATE