



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 \_\_\_\_\_