Carolinas Medical Center EMS Fellowship Application Center for Prehospital Medicine PO Box 32861 Charlotte, NC 28232 Email application to: Amy.Swoope@AtriumHealth.org Contact Information	Atrium Health
Full Name:	Preferred Name:
Current Mailing Address:	
City: State:	Zip:
Primary Phone:	
E-mail:	
Education History	
College / University:	Location:
Graduation Date:	Degree:
Extracurricular activities, honorary societies, etc:	
College / University:	Location:
Graduation Date:	Degree:
Extracurricular activities, honorary societies, etc:	
Medical School:	Location:
Graduation Date:	Degree:
Extracurricular activities, honorary societies, etc:	

Atrium Health Carolinas Healthcare System is Atrium Health

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Residency: _____

Location: _____

Residency: _____

Location: _____

Narrative: Describe, in 1,000 words or less, your experience with EMS, including any activities before or during residency, and why you are interested in the Carolinas Medical Center EMS Fellowship.



EMS Fellowship Application Carolinas Medical Center Center for Prehospital Medicine

Professional References

Please provide references from your Residency Program Director, and two other individuals. Each should provide a personal letter of reference, mailed to our office.

Reference 1 – Residency Program Director		
Full Name:		
Mailing Address:		
City:	State:	Zip:
Phone:		
E-mail:		
Reference 2		
Full Name:		
Mailing Address:		
City:	State:	Zip:
Phone:		
E-mail:		
Reference 3		
Full Name:		
Mailing Address:		
City:	State:	Zip:
Phone:		
E-mail:		

