



**EMAP Fellowship Application Form**

Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
PA School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Please list 3 Professional/Academic references. Please give them a reference form and have them send it to the address below. At least one of these references should be from a clinical preceptor.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Company: \_\_\_\_\_  
Address & Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Company: \_\_\_\_\_  
Address & Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Company: \_\_\_\_\_  
Address & Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Required Documents:**

1. Complete application form
2. Curriculum Vitae
3. One-page personal statement
4. \$50 application fee (make checks payable to MEP)

**Sent by Institution/Reference:**

1. PA School Transcripts
2. Letters of Reference (3)

Send application form along with the other required documents to [email@mep.health](mailto:email@mep.health). Please include "Attention EMAP Fellowship – your name" in the subject line. Email is preferred. Please send application fee to the address below:

Madison Emergency Physicians  
Attn: Amanda Vandenberg, EMAP Fellowship  
700 South Park Street  
Madison, WI, 53715