



Virginia Commonwealth University

Application Form for Fellowship Program in Patient Safety
2006 - 2007

Department of Health Administration
Virginia Commonwealth University

1. Personal Information: (Attach a recent resume with your application). Please print or type.

Form with fields for Applicant's Name (Title, First, MI, Last), Gender (Male, Female), SS#, Birth Date, Ethnic Background (Black, Hispanic, American Indian), Citizenship (US, PR, Other), Contact Information (Home Address: Street, City, State, ZIP Code; Organization: Position; Work Address: Street, City, State, ZIP Code; Phone Numbers: Work, Fax, Home, Email Address).

2. Education Background:

Name of Institution	Dates of Attendance:	Major	Degrees Awarded
Location: City, State	From MM/YY to MM/YY		Dates (MM/YY)

3. Current position: _____

4. List any professional memberships:

5. List current patient safety functions you perform in your organization:

6. List major areas of interests in patient safety that you want to develop in more detail in the fellowship program:

7. Reference Letter (from your organizational leadership):
Name: _____ **Title:** _____

8. Who will pay your program payment? (yourself, organization sponsorship, other (specify)

9. **Certification:** I certify that the information submitted in support of my application is complete and accurate.

Signature of applicant

Date

Mail Application to:

Professor Karen Swisher

Department of Health Administration

PO Box 980203

Virginia Commonwealth University

Richmond, VA 23298-0203

You may also e-mail the application to: kswisher@hsc.vcu.edu

Additional applications may be found on line at our website and send electronically:

www.had.vcu.edu