



Emergency Medicine Fellowship Application

Fellow Selection Criteria

- Completed, or in good standing and scheduled to complete by July 1st in an AOA or ACGME-accredited residency in Family Medicine or Internal Medicine
- Licensed to practice medicine in the state where training will occur before start of fellowship
- ACLS, ATLS and PALS certified
- Eligible to work in the United States during the fellowship period
- Provide a strong record of academic, clinical, and other personal achievements
- Demonstrate commitment to clinical Emergency Medicine

Materials needed for a complete application include:

1. Demographic and basic personal and educational information, and a brief (less than 250 words) statement of knowledge of, interest in and commitment to Emergency Medicine submitted on the application form (attached below)
2. Current curriculum vitae, including all post-secondary education, certification, and licensing information, employment history including all supervisory or leadership positions and jobs that correspond to gaps in education history, and academic accomplishments including awards, presentations, and publications.
3. Official transcripts from medical school sent directly by email
4. Two letters of recommendation, one from your residency director and the other from a physician who has knowledge of your character, medical knowledge, and clinical skills. **These should be emailed directly to Physicians in practice for 3 or more years out of residency may substitute residency director letter with a letter from your current employer or practice associate.**
5. Signed authorization for background check and signed disclosure for Fair Credit Reporting Act (attached below)
6. Disclosure and Authorization form (attached below)

Please email all documents to: Email application and documents to careers@usacs.com



APPLICATION

Applicant Information

Name	
Address	
Best Phone	
Best Email	

Applicant Statement

Insert a brief (less than 250 words) statement of knowledge of, interest in, and commitment to Emergency Medicine. You may paste from a word processing document, but some formatting may be lost. You may also send your statement as a separate sheet.

(Applicant statement here)



This application is sufficient to apply to our Cullman Regional Medical Center, Emergency Medicine Fellowship Program.

✓ Cullman Regional Medical Center, Cullman, Alabama. CRMC is a 49,000 visit, high acuity ED serving a diverse patient population. Supplemental rotations occur at Highlands Medical Center, Scottsboro, AL to provide additional small-town community ER experiences. (6 fellows per year)

Key Dates

Application Period | June 1st – September 30th

Early application is recommended since interview offers are made on a rolling basis. Applications outside of this period may be considered if openings are available or a new program is started.

Interview dates:

TBD (last year, the interviews began in late August)

Cullman: TBD

Prompt acceptance and scheduling of interviews is recommended since employment offers are made on a rolling basis.

Offers | Rolling

Offers to join the program will be made on a rolling basis after application review and interview until the class at Cullman is full with a total of 6 fellows for the academic year.

Offers should be accepted or rejected within 10 days of receipt.

Program Starts August 1st



**RELEASE AUTHORIZATION AND
FAIR CREDIT REPORTING ACT
DISCLOSURE [FOR EMPLOYMENT
PURPOSES]**

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*

Please be advised that we may also obtain an *investigative consumer report* including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address, and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.



For California*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through Truescreen®, Inc., P.O. Box 541, Southampton, PA 18966.

If a **consumer credit report** is obtained, I understand that I am entitled to receive a copy.

I have indicated below whether I would like a copy.

 Initials Yes Initials No

If an **investigative consumer report** and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

 Initials Yes Initials No

***California Applicants:** If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

Date: _____ Signature of Applicant: _____

Print Full Name: _____



**INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY
(to be used for no other purposes)**

Full Name _____

Date of Birth: ____/____/____ Social Security # _____

Driver's Licenses Number: _____ State of Issue: _____

Current Residence Address: _____
(Number and Street)

City and State

Zip Code

List any other LAST NAMES you have used during the Past Seven years.

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

Please supply the following education information:

What was your name at the time of degree receipt? _____



**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, US Acute Care Solutions may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize US Acute Care Solutions to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name _____

Applicant Signature _____

Date _____