

# Application for the Morris Fishbein Fellowship in Medical Editing July 2015 Through June 2016

Name \_\_\_\_\_

Home address \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Work address \_\_\_\_\_

Zip \_\_\_\_\_

Telephone \_\_\_\_\_

e-Mail \_\_\_\_\_

Secondary or preparatory school \_\_\_\_\_

College or university \_\_\_\_\_

Degree(s) \_\_\_\_\_

Year \_\_\_\_\_

Medical school \_\_\_\_\_

Degree \_\_\_\_\_

Year \_\_\_\_\_

Postgraduate  
medical training \_\_\_\_\_

Full- or part-time work  
during the past two years \_\_\_\_\_

Hobbies or interests \_\_\_\_\_

How did you learn about the Fellowship? \_\_\_\_\_

Submit in writing why you wish to participate in this program, what you expect from the experience, and what you hope to do after completing the program. In addition, submit a brief, unpublished sample of your writing on any topic (approximately 500 words).

Please also send (1) a curriculum vitae; (2) the names, addresses, telephone numbers, and e-mail addresses of two or three persons who know you well professionally and whom we may contact; and (3) letters of recommendation from these two or three persons.

Please include all material with your application (except that letters of recommendation may be sent directly from the writer, if preferred). Incomplete applications will not be considered.

The completed application and ancillary materials may be sent by e-mail to [dawn.cortez@jamanetwork.org](mailto:dawn.cortez@jamanetwork.org). Alternatively, they may be mailed to Robert M. Golub, MD, Morris Fishbein Fellowship in Medical Editing, JAMA, 330 N Wabash Ave, Suite 39300, Chicago, IL 60611-5885.

Applications must be received by January 5, 2015. Applications will not be returned.

I understand that if invited for an interview, I am responsible for my travel expenses to and from Chicago and for my housing and food expenses. I also understand that if accepted as the Fellow, I am responsible for my travel expenses to and from Chicago and for my housing, food, and personal living expenses and that I must participate in the program from July 2015 through June 2016.

Candidate's signature \_\_\_\_\_

Date \_\_\_\_\_

The American Medical Association is an equal opportunity employer.