



We welcome your interest in the Department of Anesthesiology at the Mount Sinai Medical Center. If you would like to be considered for a position in our Residency training/Fellowship program, please complete the enclosed application as well as provide the following:

- \_\_\_\_\_ A narrative summary (personal statement) of reasons for applying for a Residency/Fellowship in anesthesiology. Please add any other information which you believe should be included.
- \_\_\_\_\_ Three recent photographs with your name penciled on the back.
- \_\_\_\_\_ A **CURRENT** Curriculum Vita (month, date, year).
- \_\_\_\_\_ An **ORIGINAL** letter from the Dean of your Medical School.
- \_\_\_\_\_ A **NOTARIZED** copy of your Medical School diploma and **ORIGINAL FINAL** transcript with seal from your medical school.
- \_\_\_\_\_ Two **ORIGINAL** letters of reference from physicians or faculty members familiar with your work. If you are currently a resident/fellow, one letter **MUST** be from your Chairperson or Program Director.
- \_\_\_\_\_ **ORIGINAL** verification letter from the Program Director of your Clinical Base Year and/or previous Residency Training verifying start and end dates.
- \_\_\_\_\_ A **NOTARIZED** copy of the results of all your qualifying exams (USMLE, NBME, FLEX, FMGEMS).
- \_\_\_\_\_ A **NOTARIZED** copy of your New York State License or Limited Permit .
- \_\_\_\_\_ For International Medical Graduates, a **NOTARIZED** copy of your ECFMG certificate. The certificate must be stamped "valid indefinitely".
- \_\_\_\_\_ A **NOTARIZED** copy of your ACLS and BCLS certification cards.
- \_\_\_\_\_ A **NOTARIZED** copy of your PGY-1/Residency certificate along with a letter of completion.

Please forward the requested supporting documentation to:

**Madeline Cruz-Santana**  
**The Mount Sinai Medical Center**  
**Department of Anesthesiology, Box 1010**  
**One Gustave L. Levy Place**  
**New York, New York 10029-6574**