

# APPLICATION FOR SUMMER QUALITY IMPROVEMENT FELLOWSHIP PROGRAM

Please complete this application and email the completed to Hannah Rowe, Data Specialist, at [explearning@westernreservehospital.org](mailto:explearning@westernreservehospital.org). If you have any questions, please contact Ms. Rowe at (330) 971-7782 or [hrowe@westernreservehospital.org](mailto:hrowe@westernreservehospital.org).

## Qualifications/Eligibility:

- OUHCOM Student
- Successful completion of MS 1 year (first year medical school)
- Strong interest in health care quality

## Personal Information (Fillable PDF):

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Gender: Male      Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_  
Hometown: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Statement of interest (300 word maximum):

## Please attach the following forms to your submission email:

- CV
- Immunizations
  - 2 step TB
  - MMR
  - Flu Documentation



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