

APPLICATION FOR RESEARCH FELLOWSHIP

Please complete this application and email the completed file to Ms. Rachel Messenger, Data Specialist, at explearning@westernreservehospital.org. If you have any questions, please contact Ms. Messenger at (330) 971-7782 or rmessenger@westernreservehospital.org.

Qualifications/Eligibility:

- 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



1900 23rd Street, Cuyahoga Falls, OH 44223

P: (330) 971-7225 F: (330) 971-7227

westernreservehospital.org