APPLICATION FOR SUMMER QUALITY IMPROVEMENT FELLOWSHIP PROGRAM

Please complete this application and email the completed to 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:

- 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

WESTERN RESERVE HOSPITAL
Proudly Physician Owned

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