

# APPLICATION FOR SUMMER QUALITY IMPROVEMENT FELLOWSHIP PROGRAM

Please complete this application and email the completed to [medicalstudents@westernreservehospital.org](mailto:medicalstudents@westernreservehospital.org). If you have any questions, please contact Lauren Cowan at (330) 971-7830 or [lcowan@westernreservehospital.org](mailto:lcowan@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



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[westernreservehospital.org](http://westernreservehospital.org)