

University of Louisville - Fellowship
Emergency Medical Services

Application Form
Anticipated start date: July 2025

Personal Data

Name (Last, First): _____ Preferred Name: _____

Former Name(s): _____ DOB: ___/___/___ SS#: _____

Preferred Mailing Address: _____

Preferred Phone No.: _____ Preferred E-mail: _____

Citizenship: _____ NPI: _____ NRMP ID: _____

Education

NOTE: Fellowship applicants must be EM board eligible

	Name of School	Mailing Address	Degree/ Certificate	Date Awarded
Undergraduate(s) Dates attended: / to /				
Medical School(s) Dates attended: / to /				
All Internship / Residencies Incl Specialty _____ ___3-yr / ___4-yr	Program Director(s):			

**If additional space is needed, please specify and attach a sheet with that information.

*Please explain any gaps on a separate sheet of paper

USMLE / Licensing Exam Scores

USMLE Step I: _____ Step II CK: _____ Step II CS: _____ Step III: _____

Other:

Attestations:

1. Have you ever been convicted of a felony or are you currently charged with a felony? • If yes, explain on a separate sheet		No	Yes
2. Have you ever been sanctioned, excluded, or debarred by the federal government from participation in healthcare programs?		No	Yes
3. Have you ever been convicted of a misdemeanor that involved drugs, alcohol related offenses, or crimes of moral turpitude, or are you currently charged with a misdemeanor of this type? • If yes, explain on a separate sheet		No	Yes
4. Has your medical licensure ever been suspended/revoked or voluntarily terminated?		No	Yes
5. Review the following credentialing questions (A-Z) that you will be required to answer for hospital credentialing. Some may not be applicable. If the answer to any question is "yes", please explain on a separate sheet			
Licensure			
A.	Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, denied, suspended, revoked restricted, or have you ever been subject to a fine, reprimand, consent order, probation, or any conditions or limitations by any state or professional licensing, registration, or certification board?*	No or N/A	Yes
B.	Has there been any challenge to your licensure, registration, or certification?*	No or N/A	Yes
Hospital Privileges and Other Affiliations			
C.	Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied, renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?*	No or N/A	Yes
D.	Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?*	No or N/A	Yes
E.	Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMO's, PPO's, or provider organizations such as IPA's, PHO's)?*	No or N/A	Yes
Education, Training and Board Certification			
F.	Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship, or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign?*	No or N/A	Yes
G.	Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?*	No or N/A	Yes
H.	Have any of your board certifications or eligibility ever been revoked?*	No or N/A	Yes
I.	Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?*	No or N/A	Yes
	authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?*	No or N/A	Yes

DEA or Controlled Substance Registration			
J.	Have your Federal DEA and/or State Controlled Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished? *	No or N/A	Yes
Medicare, Medicaid or other governmental program participation			
K.	Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental healthcare plans or	No or N/A	Yes
Other sanctions or investigations			
L.	Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?*	No or N/A	Yes
M.	To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare integrity and Protection Data Bank?*	No or N/A	Yes
N.	Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g. CLIA, OSHA, etc.)?*	No or N/A	Yes
O.	Have you ever been convicted of , pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct?*	No or N/A	Yes
P.	Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency?*	No or N/A	Yes
Professional Liability Insurance Information and Claims History			
Q.	Has your professional liability coverage ever been cancelled, restricted, declined, or not renewed by the carrier based on your individual liability history?*	No or N/A	Yes
R.	Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?*	No or N/A	Yes
Malpractice Claims History			
S.	Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years?* If yes, provide information for each case.	No or N/A	Yes
Clinical / Civil History			
T.	Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony?*	No or N/A	Yes
U.	In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?*	No or N/A	Yes
V.	Have you ever been court-martialed for actions related to your duties as a medical professional?*	No or N/A	Yes
	Note: A criminal record will not necessarily be a bar to acceptance. Decisions will be made by each health plan or credentialing organization based upon all the relevant circumstances, including the nature of the crime.		

Ability to Perform Job			
W.	Are you currently engaged in the illegal use of drugs? * (Currently means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. & 812.22. It "does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription-controlled substances.)	No or N/A	Yes
X.	Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety? *	No or N/A	Yes
Y.	Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients? *	No or N/A	Yes
Z.	Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation? *	No or N/A	Yes

Certifications

Please include current provider and instructor certifications (i.e. ACLS, ATLS) and expiration dates on your CV

Do you hold a current, unrestricted US driver's license?No Yes
 If yes, expiration date and state _____. *Attach a copy of driver's license.*

Board Certified: Yes No
 Name of Board: _____ Certification Date: _____

Attestation

I hereby certify that the information I submit in this application is true and complete to the best of my knowledge and belief. I understand and agree that providing false or misleading information will be grounds for rejection or denial of my application.

I understand that I must participate in the MATCH through the National Resident Matching Program in order to be considered for this fellowship.

While my application is under consideration by the UofL EMS Fellowship Program, I will notify the program within 24 hours if I accept a position with another program or otherwise decide not to be further considered for a position at the University of Louisville.

Applicant Signature: _____ Date: _____
 (Application will not be processed without signature)

Additional Items to Submit with Application

By email: alison.phillips@louisville.edu OR

By mail:

Alison Phillips, Fellowship in EMS
Department of Emergency Medicine
530 S. Jackson St. #C1H17
Louisville, KY 40202

Please submit the following items with your application:

1. Personal statement: Specifically address your interest in and goals for your EMS fellowship year and out-of-hospital medicine in general.
2. Curriculum vitae, including publications, presentations, and any pre-hospital medical experience you have
3. Reference names and contact information for your letters of recommendation (Emergency Medicine residency program director, and one other, an EMS physician is preferred)
4. Copies of current:
 - Driver's License
 - Medical License(s), if available
 - DEA license(s), if available
5. Separate sheet explaining any "yes" answers to the attestations.

If invited to interview, you will be asked to provide the following additional information no less than 5 calendar days prior to the interview:

- a. 2 letters of recommendation as above
- b. Medical school transcript and degree
- c. Copies of in-training exam scores

All applicants must apply