

Graduate Medical Education



CMHS Fellowship in Quality Improvement and Patient Safety Application Form for Position beginning July 1, 2023

PERSONAL DATA

Name (first, middle initial, last):

Professional Degree(s):

Current position *and* Institution:

Preferred mailing address:

Telephone:

E-mail:

Are you a citizen or permanent resident of the United States? Yes: No:

EDUCATION, LICENSURE, AND EXPERIENCE

Please list all educational, clinical, and research appointments, beginning with your undergraduate education.
Please explain any gaps using a separate sheet if necessary.

From (month/year)	To (month/year)	Institution	Position or degree earned

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QUALITY IMPROVEMENT AND PATIENT SAFETY EXPERIENCE

Please list all experience you have had in quality/safety.

Dates	Institution	Description of project & your role (2-3 sentences only)

BACKGROUND INFORMATION

Have your privileges at any hospital or other facility ever been denied, limited, suspended, revoked, or not renewed? And/or have you ever been denied membership or renewal therein or been subjected to disciplinary proceedings in any hospital or medical organization?

Yes No If yes, please give full details on a separate sheet.

Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked?

Yes No If yes, please give full details on a separate sheet.

Have you ever voluntarily relinquished your license?

Yes No If yes, please give full details on a separate sheet.

Please tell us how you heard about the fellowship program (check all that apply):

- CMHS website (<https://gme.cmhshealth.org/>)
- Social media (please specify):
- Advisor/Program Director (please specify):
- Friend/associate (please specify):
- Other (please specify):

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INSTRUCTIONS:

1. Please provide a curriculum vitae.
2. Please provide a personal statement (600-word max) and briefly describe
 - a. your professional and personal interest in the QIPS position and how the experience aligns with your career plans
 - b. what you hope to accomplish and how the program and residents will benefit
 - c. any additional information that may be helpful to the selection committee.
3. Please ask three professional references to send recommendation letters electronically directly to the Admissions Committee at the e-mail or street address below. One letter must be from your current Program Director or Supervisor. Please list their names, positions, institutions, address, telephone and email here:

1. Name/Position:
Institution/Address:
Telephone: _____ Email: _____
2. Name/Position:
Institution/Address:
Telephone: _____ Email: _____
3. Name/Position:
Institution/Address:
Telephone: _____ Email: _____

CANDIDATE NAME: _____
(serves as signature)

DATE:

Application Deadline: October 14, 2022 for July 2023 enrollment.

Please save a completed copy of this application, along with your CV and personal statement and e-mail to gbarrett@cmhshealth.org. Please have your medical school forward transcripts **directly** to gbarrett@cmhshealth.org or to the address below.

Griselda Barrett
IM Program Coordinator
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