

## Application for the Morris Fishbein Fellowship in Medical Editing

July 2023 Through June 2024

Name			
Home Address			Zip
Telephone			
Work Address			Zip
Telephone	Email		
College or university			Year
Medical school		Degree	Year
Postgraduate medical training			
Full- or part-time work during the	e past 2 years		
How did you learn about the Fe	lowship?		
= ' '	participate in this program, what you expec on, submit a brief, unpublished sample of yo		
	vitae; (2) the names, addresses, telephone and whom we may contact; and (3) letters		
Please include all material with you if preferred). Incomplete application	ur application (except that letters of recommons will not be considered.	nendation may be sent directly from th	e writer,
The completed application and a	ncillary materials may be sent by e-mail to <u>fi</u>	shbein@jamanetwork.org.	
Applications must be received	ed by January 2, 2023. Applications will no	ot be returned.	
I understand that if invited for an i	nterview, I am responsible for my travel expe	enses to and from Chicago and for my	/ housing and food
	if accepted as the Fellow, I am responsible		
housing, food, and personal living	g expenses and that I must participate in the	e program from July 2023 through Jur	e 2024.
Candidate's signature			