PROGRAM IN GLOBAL SURGERY AND SOCIAL CHANGE
Harvard Medical School

Paul Farmer Global Surgery Fellowship

Applicant Information

Full Name | Suffix

Country of Citizenship

E-mail | Phone

Contact Address

Address

City | State | Zip Code

Country

Permanent / Home Address (leave blank if same as above)

Address

City | State | Zip Code

Country

Education & Training

Undergraduate Education

Institution Name

Complete Institution Address

Dates Attended | Field of Study | Degree Obtained

Medical Education

Institution Name

Complete Institution Address

Dates Attended | Degree Obtained

Internship (if applicable)

Institution Name

Complete Institution Address

Dates Attended | Specialty

Residency (if applicable)

Institution Name

Complete Institution Address

Dates Attended | Specialty

Expected date of completion (if still in training)

Fellowship (if applicable)

Institution Name

Complete Institution Address

Dates Attended | Specialty

Expected date of completion (if still in training)

Licensing & Certification

Examinations (if applicable)

USMLE Test (please include results for all attempted examinations)

Step	**Results** (3 Digit Score)	**Date(s)**
Step 1		
Step 2 / Step 2 CK		
Step 2 CS (if taken)		
Step 3		

Education Commission for Foreign Medical Graduates Certification (if applicable)

Are you certified by the ECFMG? ☐ Yes ECFMG # ☐ No ☐ Not Applicable

Medical Licenses (if applicable)

Type	**Certificate Number**	**Valid Dates**	**Issuing Agency**

Specialty Board Eligibility / Certification (if applicable)

Which Specialty have you trained in?

Will you have completed a residency and be board eligible or certified in your specialty by July 1 of next year? ☐ Yes ☐ No

If not, please explain:

Language Skills

Please list the languages you speak and your fluency with each.

Funding

Please list funding sources you have secured for the upcoming academic year, as well as the monetary amount for each:

Please list funding sources for which you have already applied, or plan to apply for the upcoming academic year, as well as the monetary amount for each:

Application Track

Please indicate whether you are applying for the Research Fellow role (2 year commitment) or Research Collaborator role (1 year commitment):

☐ Research Fellow ☐ Research Collaborator

Please tick to confirm that you are currently enrolled in, previously enrolled in, or have completed a specialty training program: ☐ Yes ☐ No

If you answered 'No' but wish to be considered for the Research Fellow role, please outline your reason below:

Please indicate whether you intend to start in:

☐ July 2027 ☐ July 2028

Please explain below if you have flexibility in your start year:

Checklist

Please review the following checklist before submitting your application.

You should ensure you provide us with all of the following:

- Completed application form
- 400-word commentary
- One-page personal statement
- 2-page curriculum vitae
- 2 letters of recommendation
- Undergraduate transcript
- Medical school transcript