How to Apply for a Fellowship

Columbia University Medical Center
Medicine House Staff Training Program

2010-2011
Hello,

We realize that for many of you, the process of applying for a fellowship may seem like a stressful process. We intend to make it easier and less mysterious with this document. This document is intended for Columbia University Medical Interns and Residents who plan to pursue further subspecialty training (i.e. are applying for a fellowship). We urge you to begin the process now by contemplating your options and meeting with a key faculty advisor, chief resident (especially your firm chief!), subspecialty advisor, program director or associate program director.

There are many expectations that are common to all fellowship positions and we will attempt to cover them in this document. Believe it or not, there is data in the scientific literature that has addressed some of the application questions that you now face. Although most of the data is not “journal club” quality, we have tried to incorporate it into this document. Now for the requisite disclaimer; although this document is intended to be helpful to as large of a group of residents as possible, it is likely that some of the generalizations made about the application process do not apply to specific fellowships. Please consult the key faculty advisors in your chosen field early in the process so these discrepancies can be realized and adjustments can be made.

Thanks,

2010-2011 Chief Residents
Benjamin Galper
Lauren Khanna
Mona Kinkhabwala
James Peacock
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How do I decide what fellowship to apply for?
adapted from information provided by Patrick C. Alguire, MD, FACP Director, http://www.acponline.org/counseling/fs_train.htm

Since you apply for fellowship during your PGY-2 year if you want to pursue training immediately after residency, a conscious decision about fellowship training should be made in your PGY-1 year.

To assess if fellowship training is for you, analyze your motives for going into a subspecialty.

- Do you have a deep love or fascination for the specialty area?
- Do you enjoy the role of consultant?
- Do you enjoy performing procedures?
- Are you fascinated by the hospital-related problems?
- Does deep mastery of a restricted content area appeal to you?
- Do you respect and admire the subspecialty faculty?
- Would a subspecialty career offer you important lifestyle or financial advantages?
- Are you entering subspecialty training because you disliked your general medicine hospital and/or clinic experience?

Many residents make a decision on a subspecialty career based solely upon their subspecialty hospital experience or association with an exciting role model. Gaining an outpatient experience in the subspecialty that interests you is important before making a career decision, especially in those subspecialties that are weighted towards outpatient management. Some residents may be disheartened by their ambulatory experiences in a particular subspecialty or in their continuity clinic, finding the types of problems seen in that setting restricted or unappealing. Try not to make a decision to pursue subspecialty training because you disliked particular ambulatory experiences during your training. Instead, you may want to inquire about a clinical rotation in a private practitioner's office to get a different view of ambulatory general medicine. Also, try to have contact with more than one role model before making career decisions; looking at the subspecialty from many points of view can avoid uninformed choices.

Is there anything to life after residency that doesn’t involve a fellowship?

Of course. Some non-fellowship career paths are listed below, along with people who may provide a more thorough introduction to that field. In addition to this list, a list of program graduates for the past decade exists with their post-residency plans outlined can be reviewed in the chief’s office for those interested in contacting prior graduates.

- Public Health, including local and State Departments of Health (Karen Brudney, Delphine Taylor, Steve Shea)
- Locum Tenens
- Private Practice (“Private” practice used to mean anything outside the academic centers and military health system; now self- or small group-owned practices are the minority in IM, and salaried employment in HMOs like HIP or Kaiser, multispecialty groups, and other health care organizations are more common outside of the Columbia orbit
- Hospitalist (Paul Lee, Adrian Gonzalez)
- Global or International Health: Doctors Without Borders/Doctors of the World, SNOW Foundation, WHO (Miriam Rabkin, Ariel Pablos-Mendez)
- Health Care Administration (Bob Kelley, Elliot Lazar) – More and more people pursuing this path have focused accreditation in this field (e.g. MBA)
- Women’s Health (Rebecca Press, Elsa Giardina, Lori Mosca)
- Physician Scientist (ABIM Research Pathway) (Ira Tabas, Jonathan Barasch)
- Internal Medicine Clinician Educator (Nancy Chang)
- Biomedical Informatics (Pete Stetson, George Hripcsak)

**When do I apply for a fellowship?**

As a general rule, you apply during your PGY-2 year if you intend to start a fellowship immediately after you finish residency. The important exception to this is for people considering “short tracking” into a fellowship. If you are interested in short tracking you should discuss this with Dr. Tenenbaum.

While it is possible to enter fellowship training after a few years of practicing general medicine, it is not commonly done. The reasons will be your reluctance to forego a lucrative practice income in exchange for a fellowship stipend, possibly relocating, and in some cases the bias of fellowship directors against candidates not directly out of residency programs. Nevertheless, several residents at Columbia do defer the decision to apply for a fellowship for 1-3 years. It is advised that the decision to defer application be made with the assistance of a faculty advisor and/or mentor.

The time of year that you should have your applications completed and submitted depends on the field that you are considering. Some programs abide by the subspecialty match offered through the National Residency Matching Program (NRMP; [http://www.nrmp.org](http://www.nrmp.org)), but others do not. Check with the NRMP to determine which programs participate, and read the content related to the guidelines and timetable. Strict adherence to the timetable is required, and no exceptions are allowed. This site also has useful information on which programs filled and did not fill through the match. Additionally, many internal medicine specialties participate in the Electronic Residency Application Service (ERAS) for fellowships. Check the ERAS website ([http://www.aamc.org/students/eras/](http://www.aamc.org/students/eras/)) to see which specialties and programs require applications through ERAS. The number of participants is increasing each year. Most applicants have welcomed ERAS for fellowships since it streamlines the application process.

For fellowships that use the NRMP and ERAS, the application becomes available on July 1 of each year. Programs of fellowships participating in the Medicine Specialties Matching Program (MSMP; most specialties included in this list) can begin downloading the ERAS application on December 1 and it’s recommended that you have submitted your application by this time. For those fellowships not participating in the matching process (more about this later), these dates are considerably earlier.

Most residents will interview after December of their PGY-2 year. This should be kept in mind when arranging your PGY-2 schedule. You will want to use elective time to interview, and if
your schedule will not allow flexibility for travel during interview season, think about accumulating coverage payback earlier in the year.

**How do I apply for a fellowship?**

Currently most fellowship programs participate in the NRMP and utilize the ERAS application. For a complete list, see Appendix 1. To get started you should visit the ERAS website at [www.aamc.org/eras](http://www.aamc.org/eras). This website has a more detailed timetable of the application process, including all the relevant deadlines.

A checklist of documents you will need:

- Letters of Recommendation (usually 3)
- Personal Statement
- CV (usually electronically through ERAS)
- Medical School MSPE/Dean’s Letter (*contact your medical school early for this!*)
- Medical School Transcript (*contact your medical school early for this!*)
- Digital photograph

See Appendix 3 for important timelines.

**How do I find Programs?**

Go to FREIDA ([http://www.ama-assn.org/ama/pub/category/2997.html](http://www.ama-assn.org/ama/pub/category/2997.html)). The website can be used to search for program by region, size, and state. The listings will also provide contact information for the fellowship (i.e. who the program director is, what is the address) but some of the other information (salary, number of fellows) is outdated. Determining which program to apply to is another key question. Applicants should ask their key faculty advisors, subspecialty mentors and advisors, chief residents, co-residents, and fellows which programs they recommend. Academic generalist fellowships are listed on the website of the Society of General Internal Medicine (SGIM): [http://www.sgim.org/fellowshipdir.cfm](http://www.sgim.org/fellowshipdir.cfm).

**How do I get good Letters of Recommendation (LOR)?**

Typically, 3 letters are required for the application process. The program letter will be written by your KFA and signed by that advisor and Dr. Tenenbaum. For those programs requesting the Department Chair signature, Dr. Landry can sign the letter and those applying in Renal should also request his signature. Make sure to meet with your KFA early to ask them to write the letter. In addition, applicants should ask for two more letters. These should come from faculty with whom you worked clinically or on a research project, and ideally people from the field in which you are applying (although this is not absolutely necessary). If you have worked closely with a faculty member on a research project, a letter from that person will be important (and its absence conspicuous).

Here are some suggestions for choosing a letter writer:
• Ask someone who knows you well.
• Be certain that the person you ask to write a letter is comfortable writing one for you. Make it easy for that person to say ‘no’. The ideal person should be very enthusiastic about writing your letter and people who are reluctant will probably not write you a ringing endorsement. One way to gauge this is to ask “Do you feel like you would be able to write me a strong letter of recommendation?”
• If choosing between someone with more seniority or national stature versus a younger faculty member, choose the more senior person whenever possible. However, if the more senior faculty member does not know you and would be forced to write an impersonal letter, it might be better to stick with the person who knows you better.
• Provide your letter writers with an updated copy of your CV and personal statement (the personal statement does not need to be your final draft). Then schedule an appointment to discuss your plans after they have gotten a chance to review your documents.
• Provide you letter writers with 2-3 months of advance notice (prior to deadlines) that you will need a LOR. Remember that they can be very busy.
• It is often a good idea to speak with your key faculty advisor about your other potential letter writers. They may know who amongst them writes particularly strong letters.
• If a program asks for a letter from the Chairman of Medicine, make sure this is communicated to your KFA so he or she can ensure that Dr. Landry cosigns it.
• Provide your letter writer with an envelope stamped and addressed to the ERAS post office. Include the ERAS document form, that you have signed, so that the form and letter can be processed together by ERAS once they are received. These letters will then be uploaded onto ERAS for programs to download along with your application.
• If your specialty does not participate in ERAS, you will need to provide envelopes for each program to which you have applied.
• Check in with the ERAS post office frequently to see if the letter has been received. If it has not been received, the letter writer may need a polite reminder about the deadline for receipt. Sometimes, numerous polite reminders are necessary.
• It is advisable that you waive the right to see the letters of recommendation written on your behalf. These letters carry more weight and you should make it explicit to your letter writers that you wish to waive this right (the ERAS processing form will have a place for you to indicate this).

How do I compete in a “matchless” world?

Seek the counsel of the specialty advisor and residents who have successfully landed in “matchless” specialties.

How many programs should I apply to?

This is a multi-factorial decision. The key factors are:

• Where are you willing to live?
  As a general rule, the programs on the East and West coasts are more competitive than equally good programs in the South, Midwest and Mountain West. As a Columbia
resident you will start with an advantage over most of your competitors. Unfortunately, at
the top programs on the coasts, there are many applicants from the best programs. You
will be encouraged by many faculty advisors to think hard about being willing to train in
a place such as Atlanta, St. Louis, Dallas, Cleveland . . . These cities have some of the
best fellowship training programs and are generally very enthusiastic about residents
trained at Columbia. This is not to say that you aren’t competitive everywhere.

- Do you want an academic career?
  If you intend to pursue a career involving clinical practice, you will have a different set of
  expectations and needs from your fellowship experience compared to those who want to
  pursue academic careers. Often the best academic programs do not offer the best clinical
  training. If you want a career in academic medicine, you will have a smaller number of
  programs to choose from, and you should speak with the appropriate specialty advisor to
  ascertain which programs provide the best training for a career in academia.

- How competitive of an applicant are you?
  Again, this is another area where your mentor and the fellowship advisor can help tell
  you where you stand. The most competitive specialties are Cardiology and GI, followed
  by Pulmonary/Critical Care and Hematology/Oncology. Based on your CV, your
  specialty choice, and how geographically restricted you are, you should be able to make a
decision with your mentor and your fellowship advisor about how many programs you
  should apply to.

Why do I have to write another personal statement?

The personal statement is an important component of the application. It is your opportunity to
communicate on paper your career goals and highlight your talents and experiences that support
the attainment of the aforementioned goals. There are several ways to write a personal statement.
One common method is to split the personal statement into three sections to address the
following three items; why you are choosing (insert your fellowship of choice); what you have
done (both clinical and research accomplishments) to further the goal of becoming a specialist in
the given area of medicine; and what your career goals are (try to summarize but avoid an overly
general plan).

The personal statement is important because it allows you to refine your “story”. It should be
similar to the answer to the ubiquitous question of “what do you plan to be doing in 5 – 10
years?” It goes without saying that the statement should be grammatically perfect and free of
spelling errors. Many of us are challenged in this arena, and would benefit from the assistance of
a friend or colleague who has skill in composition. Nevertheless, remember that content is the
most important part of the statement. Take advantage of your mentor, specialty advisor, key
faculty advisor, the chief residents (especially your firm chief!), program director, and associate
program directors; ask them to read your personal statement and make some suggestions.

What goes in my Curriculum Vitae?

AKA the resume, but not quite the same thing (and from now on, especially in academic settings,
referred to as your curriculum vitae or CV). Your CV should be “fresh” as you apply for
fellowship. Recognize that a good CV takes some time to put together, and effort should be made
to do more than amend the CV that you put together for residency. Before reviewing content, there are some basics of presentation should be followed. The font should be a serif font (like Arial), since it is easier on the eye and there is actually data supporting the preferred readability of serif fonts. Try to avoid underlining text (a holdover from the now extinct typewriter) and embolden text instead \(^1,2\). For the purposes of fellowship application, there are certain headings and content that should be included:

- **Contact Information (or Personal Information).** This should include an address, telephone number and email address.
- **Education.** This should include institutions and which degrees have been obtained as well as significant honors (i.e. graduating magna cum laude). This should not be an extensive list of every award you ever received (see awards and honors) though. Do not go back to before college. It is not necessary to list brief, non-degree educational experiences unless they are important and relevant to your intended fellowship and career.
- **Internship and Residency.** Include institution, department and dates. If your internship and residency were in same program, there is no need to list them separately.
- **Research (or Research Experience).** This should include current and previous projects. A short description of what the project was, what your role was, and the name of the principal investigator should be included.
- **Publications and Presentations.** A bonus if you have any. Manuscripts which have been accepted for publication should be properly listed in the usual format, with the name of the journal followed by “(in press).” Publications in peer-reviewed journals are preferred here, but other legitimate publications may also be included. Check with one of your advisors if you are uncertain whether to list something. Abstracts and conference presentations can be included here. If you have no publications then you should not include this section in your CV.
- **Honors/Awards.** Don’t be modest, but keep the list relevant.
- **Interests.** This is not a required section, but often becomes fodder for conversation during the interview. This is a place to include proficiencies in languages other than English. As in all sections, if something is written on the CV, then you should be prepared to talk about it. Inevitably someone who interviews you will have expertise in one of your interests and will want to talk to you about it, so be careful what you include here.

Now that most specialties participate in ERAS, the information on your CV is entered electronically into ERAS and then formatted in a standardized manner and distributed to the programs that you select.

**Is the Interview important?**

The interview takes on more importance than it did during the residency match process. According to two surveys of fellowship program directors, the interview was either the most important or second most important criteria that factored into their selection process. Preparation is an obvious element to success in interviewings\(^3,4\). Applicants should be prepared to answer questions that are part of the liturgical canon:

“What do you expect to be doing in 5 … 10 …15 years?”
“Why do you want to be a __________?”
“What are you looking for in a fellowship?”
“What are your goals?”

Having a “story” to explain your decision to pursue the chosen specialty and being comfortable telling it is very important. Although very few of us know exactly what we want to become, you should be prepared to explain convincingly how you envision a career path in your chosen specialty and how you contemplate getting there. Regardless of the fellowship or the job, there are some interviewing “best practices” that all residents should be aware of (adapted from the article by Lyons).

- Do your research: Both the department that you are visiting and the people there deserve your careful scrutiny. For example, if you are applying for an ID fellowship at the combined Harvard program, you should know the research of all faculty there who are investigating areas of interest to you. Do your homework (in this case a Medline search, a thorough review of the division’s website, and discussion of the division with your advisor).
- Write your own commercial. As described by Lyons, cue yourself from your resume and/or CV and write out a 5 minute overview – who you are, what you’ve accomplished, what you want to do next, etc. Use bullet points and polish the language until it truly “sells” you. Then learn (not just memorize) it – internalizing it until you can deliver it in a relaxed, sincere manner. Be prepared to repeat your commercial many times whenever you are out on interview. This is what you’ll say when someone busy says, “Tell me about yourself.” This will also be helpful for when you meet faculty in a less formal manner during the interview day. They may not be formally interviewing you, but they may still have a role in selection.
- Prepare to ask some questions. This will draw on the background research that you have done on the program. It is essential to conveying interest in the program. In spite of how you feel, these programs are also selling themselves to you. Effort should be made to not ask questions that may be better asked in a different forum or of a different audience. For example, it is not advised that you ask the Division Chief about the call schedule.
- Role Play. Prepare for your interviews by asking your friends, colleagues, and mentors to conduct a mock interview with you. This may seem contrived, but valuable input can be gained from the process. Listen to what they have to say about your interview style (and more importantly substance) and make appropriate changes. Videotaping the interview can augment this exercise. It will allow you to make corrections as necessary in your posture, deportment, manner of expression and body language.
- Avoid common interview pitfalls:
  a. No energy or enthusiasm
  b. Poor eye contact
  c. Answers that are too long
  d. Non-specific answers
  e. Perfunctory questions
  f. Not listening to responses
Who are my fellowship and career advisors (and what can they do for me)?
See Appendix 2

Several different faculty may provide important and complementary advice to you about fellowship selection and applications. These include your key faculty advisor, research mentors, the program director, and designated specialty fellowship advisors. The fellowship advisors are faculty from each division knowledgeable about fellowship training programs in their specialty and who have volunteered to advise residents. They were selected because they have stature within their respective fields, know about the best programs and will be able to help you determine how competitive your application will be. You should arrange a meeting with the designated specialty fellowship advisor in your respective field of interest to assist you in the following areas:

- Deciding how many programs you should apply to
- Deciding which programs you should apply to
- Reviewing your personal statement and CV
- Identifying people at key institutions that you should be aware of before you get there
- What else you can do to make your application as competitive as possible

It is worthwhile to mention that these specialty fellowship advisors should not be expected to write you a letter of recommendation if they don’t know you, nor in any way do what a mentor may have been doing for you. Please see Appendix 2 to identify the fellowship advisors. These people know that they have been identified as fellowship advisors and expect to help you. Prior to meeting with your fellowship faculty advisor, you should send them a copy of your CV, personal statement, and a list of fellowship programs that you are interested in.

How do I participate in the match?

Register for the NRMP at their website (www.nrmp.org) and rank the programs most desirable to you. It is generally advised that you do not try to “game the system” by attempting to play probabilities and guess what the programs are thinking.

What is short tracking (AKA the Research Pathway)?

The ABIM Research Pathway (“short tracking”) may be considered by residents who have substantial research backgrounds (e.g. MD/PhD or equivalent) and plan a career as a physician-scientist. The pathway provides for 2 years of residency training (instead of the usual 3) followed by 3-5 years of research and additional clinical training (usually in a subspecialty). At Columbia, housestaff who have short-tracked have received funding for their research years through the Lucille P. Markey Charitable Trust. Residents interested in the Research Pathway should consult the ABIM website (http://www.abim.org/Subspec/pathway/index.htm) and discuss their interest with the Dr. Tenenbaum. More information about the Markey Trust can be found online at http://cpmcnet.columbia.edu/dept/medicine/Index.html.
### Appendix 1 – Specialties

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<thead>
<tr>
<th>Specialty</th>
<th>ACGME status</th>
<th>ERAS</th>
<th>Match?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy and Immunology</td>
<td>accredited</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Cardiovascular Diseases</td>
<td>boarded</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Endocrinology, Diabetes, and Metabolism</td>
<td>boarded</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>boarded</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>General Internal Medicine</td>
<td>none</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>boarded</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>boarded</td>
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<td>no</td>
</tr>
<tr>
<td>Hepatology</td>
<td>boarded</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Hematology; Oncology; and Hematology/Oncology</td>
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<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Hospice and Palliative Care Medicine</td>
<td>boarded</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>boarded</td>
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<td>yes</td>
</tr>
<tr>
<td>Medical Genetics</td>
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<tr>
<td>Nephrology</td>
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<td>yes</td>
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<tr>
<td>Pulmonary Disease; and Pulmonary/Critical Care</td>
<td>boarded</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>boarded</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>Sleep Medicine</td>
<td>boarded</td>
<td>no</td>
<td>no</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>boarded</td>
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Appendix 2
Specialty Faculty Advisors
* Denotes an advisor who is also the CUMC fellowship director in his/her given specialty

**Allergy/Immunology:**
Kathleen Donohue – kd2128@columbia.edu

**Cardiology**
Ajay Kirtane – akirtane@columbia.edu
Steven Marx* - sm460@columbia.edu
Andrew Marks – arm42@columbia.edu (for residents with interest in a career in molecular cardiology)
Leroy Rabbani – ler8@columbia.edu

**Gastroenterology**
Rueben Garcia-Carrasquillo* - rjc3@columbia.edu
Robert Brown – rb464@columbia.edu
Tim Wang – tcw21@columbia.edu

**Infectious Diseases**
Scott Hammer – smh48@columbia.edu
Magda Sobieszczyk – mes52@columbia.edu
Michael Yin* – mty4@columbia.edu

**Pulmonary/Critical Care**
Neil Schluger – ns311@columbia.edu
Dan Brodie – hdb5@columbia.edu
David Chong – dhc5@columbia.edu

**Renal**
Don Landry – dwl1@columbia.edu
Jai Radhakrishnan – jr55@columbia.edu

**Heme/Onc**
Dawn Hershmann – dlh23@columbia.edu
Abby Seigel – aas54@columbia.edu
David Diuguid – dld6@columbia.edu

**Endocrine**
John Bilezekian* – jpb2@columbia.edu
Jessie Fleischer – jf2016@columbia.edu

**Rheumatology**
Ted Dwyer* – ed11@columbia.edu
Katherine Nickerson – kgn1@columbia.edu
Margrit Wiesendanger – mw700@columbia.edu
Geriatrics
Evelyn Granieri – eg2279@columbia.edu

Palliative Care
Craig Blinderman – cdb21@columbia.edu

General Internal Medicine
Academic: Steve Shea – ss35@columbia.edu
Primary Care/International Heath: Maria Hamm – mh2634@columbia.edu
Medical Informatics: Pete Stetson – peter.stetson@dbmi.columbia.edu
Hospitalist: Paul Lee – pl174@columbia.edu
Appendix 3
ERAS and NRMP Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>July 1, 2010</td>
<td>ERAS opened for applications</td>
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<tr>
<td>November 15, 2010</td>
<td>Programs available for selection</td>
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<tr>
<td>December 1, 2010</td>
<td>Programs start downloading appls</td>
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<tr>
<td>January – May, 2011</td>
<td>Interviews</td>
</tr>
<tr>
<td>April 7, 2011</td>
<td>Rank List Opens</td>
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<td>April - May, 2011</td>
<td>Create Rank List</td>
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<td>June 2, 2011</td>
<td>Rank List Closes</td>
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<tr>
<td>June 16, 2011</td>
<td>Match Day (and Celebration!)</td>
</tr>
<tr>
<td>July 1, 2012</td>
<td>Fellowship Begins</td>
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June-July-August:
- Plan electives (consult services, research, etc.)
- Initiate discussions with mentors, firm chief, KFA
- Update CV
- Work on personal statement
- Identify letter writers
- Begin ERAS application, obtain token!
- Request MSPE and transcript from medical school

August-September-October:
- Request letters of recommendation
- Meet with fellowship advisor (with CV and personal statement draft)
- Complete ERAS application
- Gather fellowship program info
- Draft program list
- Tailor applications for specific programs

October-November-December:
- Finalize program list
- Finalize Application (Goal 12/1/10)
- Continue elective/research, info gathering, networking
- Await interviews, plan travel and coverage
- Don’t forget to pay it forward!

January – May:
- Interview (arrange coverage, help others!)

April-May:
- Finalize and submit rank list

July 1, 2010  ERAS opened for applications
November 15, 2010  Programs available for selection
December 1, 2010  Programs start downloading appls
January – May, 2011  Interviews
April 7, 2011  Rank List Opens
April - May, 2011  Create Rank List
June 2, 2011  Rank List Closes
June 16, 2011  Match Day (and Celebration!)
July 1, 2012  Fellowship Begins

April 7, 2011  Rank List Opens
April - May, 2011  Create Rank List
June 2, 2011  Rank List Closes
June 16, 2011  Match Day (and Celebration!)
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References:


Helpful Websites:

1. Advice on fellowships from the ACP: http://www.acponline.org/residents_fellows/fellowships/
2. List of fellowships (FREIDA) http://www.amaassn.org/ama/pub/category/2997.html
3. Online applications (ERAS): www.aamc.org/eras