

Application for Residency or Fellowship
Department of Anesthesiology
Temple University

Residency applications will only be accepted via the Electronic Residency Application Service (ERAS, www.aamc.org/eras) during the period of each year that ERAS is open (August-April). Paper applications will only be accepted during the months that ERAS is closed. Paper applications received from August-April will not be considered. If you are applying between May and August you should confirm with the Residency Education Office (anesres@temple.edu) that a paper application is acceptable.

If you have been told to submit a paper application, please follow the following instructions:

Complete the application form below.

In addition to a completed application the following materials are required:

Curriculum vitae

A personal statement briefly discussing your interest in Anesthesiology

Medical School Transcript

USMLE Scores (or equivalent)

Dean's Letter from your medical school

2 letters of recommendation from physicians with whom you have worked closely.

If you are currently a medical student or resident the letters should be from physicians with whom you have worked during the past year. If you are currently in a PGY-1 program one of the letters of recommendation must be from your current program director.

If you are applying for training at an advanced level (CA-2 or higher) the following additional materials are required:

Letter from your current program director indicating your standing in your current program

Copy of your certificate from your PGY-1 training program

Evidence of satisfactory completion of American Board of Anesthesiology approved training commensurate with the position for which you are applying

All documents submitted by the applicant are subject to verification of authenticity.

All correspondence should be addressed to: Scott A. Schartel, DO
Professor & Residency
Program Director
Department of Anesthesiology
3401 N. Broad Street
Philadelphia, PA 19140

Which of these examinations have you taken and passed?

(A copy of the score report for all examinations taken must be included with the application)

United States Medical Licensing Examination (USMLE)

Step 1 _____ Step 2 CK _____ Step 2 CS _____ Step 3 _____

Comprehensive Osteopathic Medical Variable-Purpose Examination (COMLEX)

Level 1 _____ Level 2 CE _____ Level 2 PE _____ Step 3 _____

Other (specify)

Are you currently licensed to practice medicine?

NO YES

(If answer is 'Yes' list state, license number, and date of expiration)

Have you ever been dismissed from a professional or educational position?

NO YES

(If answer is yes, please attach an explanation to the application)

Are you currently dependent on alcohol or drugs?

NO YES

(If answer is yes, please attach an explanation to the application)

Select One of the following:

I hereby waive access to letters of recommendation and will so inform the authors.

I desire access to letters of recommendation and will so inform the authors.

I certify that to the best of my knowledge the information provided in this application is true.

Signature of the applicant

Return completed application to:

Scott A. Schartel, DO
Professor & Associate Chair for Education
Residency Program Director
Department of Anesthesiology
Temple University--Health Sciences Center
3401 North Broad Street
Philadelphia, PA 19140

An application will not be complete until all required supporting documents have been received.