



Application for Appointment as Scholar

The New York State Society of Anesthesiologists, Inc.
73rd PostGraduate Assembly in Anesthesiology
December 13 - 17, 2019 • New York City

PLEASE NOTE: Preference will be given to residents and recent graduates

NAME FIRST MIDDLE FAMILY SURNAME

HOME ADDRESS

CITY POSTAL CODE COUNTRY

DAYTIME PHONE DAYTIME FAX EVENING PHONE

E-MAIL

DATE OF BIRTH

GENDER: MALE FEMALE

Professional or Hospital Affiliation

NAME OF HOSPITAL

DEPARTMENT TITLE

HOSPITAL ADDRESS

CITY POSTAL CODE COUNTRY

Please indicate how you heard about this program: _____

Can you obtain a Visa to attend the meeting in the United States? Yes No

COUNTRY OF CITENSHIP PASSPORT NUMBER

PROFESSIONAL SCHOOL:

PROFESSIONAL ORGANIZATIONS:

MOST RECENT PUBLICATIONS:

Training in Anesthesiology

INSTITUTIONS

DATE

COUNTRY LOCATION

DIPLOMAS

CERTIFICATES

FELLOWSHIPS

BOARD CERTIFICATION: Yes No Date of Certification: _____

FLUENCY IN THE ENGLISH LANGUAGE: Very Good Good Satisfactory Written Spoken Both

CURRENT RESEARCH INTEREST:

DESCRIBE YOUR CURRENT PRACTICE IN ANESTHESIOLOGY:

WHY DO YOU WANT TO ATTEND THE POSTGRADUATE ASSEMBLY? (YOU MAY ATTACH ADDITIONAL SHEETS OF PAPER)

NOTE: Please include a letter of recommendation from your Department Chair.

Can you or a sponsor provide any of the following toward your attendance at the Postgraduate Assembly:

Housing Air Fare* Per Diem*

*The scholarship will not cover these expenses.

Please submit this application to Jacqueline Homan at jacqueline@nyssa-pga.org

APPLICATION DEADLINE: JUNE 3, 2019