

## Fellowship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: | \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO  
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Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_  
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Have you ever been convicted of a felony? YES NO  
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If yes, explain: \_\_\_\_\_

### Education

Residency: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
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Medical School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_  
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Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_  
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### References

Please list three professional references. Please include either program director or ED medical director.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  
YES NO  
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**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please scan and e-mail completed application to:

**Jessica Quinones-De Echegaray, MD**  
Medical Director, Department of Emergency Medicine  
Fellowship Director, Emergency Medicine Administration  
Elected President of Medical Staff  
Assistant Professor, FIU & NOVA  
Clinical Instructor, Barry Podiatry School of Medicine  
Core Faculty, Emergency Medicine Residency  
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**Anton Gomez, DO**  
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