

## Application for the Morris Fishbein Fellowship in Medical Editing

July 2022 Through June 2023

Name			
Home Address			Zip
Telephone			
Work Address			Zip
Telephone	Email		
Secondary or preparatory school			
College or university		Degree(s)	Year
Medical school		Degree	Year
Postgraduate medical training	_		
Full- or part-time work during the pas	t 2 years		
Hobbies or interests			
How did you learn about the Fellowsh	iip?		
Submit in writing why you wish to part completing the program. In addition, s			
Please also send (1) a curriculum vitae who know you well professionally and			
Please include all material with your apif preferred). Incomplete applications w		nmendation may be sent directly fron	n the writer,
The completed application and ancilla	ry materials may be sent by e-mail to	fishbein@jamanetwork.org.	
Applications must be received by Ja	ınuary 3, 2022. Applications will not b	pe returned.	
I understand that if invited for an intervence food expenses. I also understand that for my housing, food, and personal livi	if accepted as the Fellow, I am respor	nsible for my travel expenses to and	from Chicago and
Candidate's signature			
Saaidato o digitataro		Date	