

Application for the Morris Fishbein Fellowship in Medical Editing

July 2025 through June 2026

Name			
Home Address			Zip
Telephone			
Work Address			Zip
Telephone	Email		
College or university		Degree(s)	Year
Medical school		Degree	Year
Postgraduate medical training			
Full- or part-time work during the past 2 years. How did you learn about the Fellowship?	ars		
Submit in writing why you wish to participate completing the program. In addition, submit	in this program, what you expect from the expandation as a brief, unpublished sample of your writing on	any topic (approximate)	y 500 words).
	ne names, addresses, telephone numbers, an we may contact; and (3) letters of recommer		
Please include all material with your application if preferred). Incomplete applications will not	on (except that letters of recommendation may be considered.	y be sent directly from the	ne writer,
Applications must be received by January I understand that if invited for an interview, I also understand that if accepted	erials may be sent by e-mail to fishbein@jamar lary 5, 2025. Applications will not be returned am responsible for my travel expenses to and as the Fellow, I am responsible for my travel of and that I must participate in the program from	l. from Chicago and for m expenses to and from C	Chicago and for my
Candidate's signature		 Date	