

**Montefiore Medical Center
Palliative Care Social Work Fellowship Program**

HOW TO APPLY

Applicants should submit all of the following by April 2, 2023:

1. Email the completed application as a Word document
 - a. The Fellowship application is below.
 - b. Save as: Lastname – PC Fellowship Application
 - c. Type your responses in the application.

2. Email a current resume as a Word or PDF document named: Last name – Resume. Your resume should include in this order:
 - a. Education, including:
 - i. Degrees earned
 - ii. Education or training in palliative or end-of-life care or closely related practice areas
 - b. Clinical experience, including internships as part of MSW program
 - c. Research experience, if any
 - d. Publications
 - e. Honors and awards

3. Email a PDF document with a copy of your NYS social work license or limited permit.

4. Email an unofficial MSW program transcript.

For further information on the Fellowship, please contact:

Carolyn Genereux, LCSW

Fellowship Director

Palliative Care Service

Montefiore Medical Center

3347 Steuben Avenue, 2nd Floor

Bronx, NY 10467

Cell: 347-839-0469

Office: 718-920-6378

Email: cgenereu@montefiore.org

Montefiore Medical Center
Palliative Care Social Work Fellowship Program Application

Name (First, Last):

Current Residential Address:

Current Mailing Address (if different):

Permanent Mailing Address (if different):

Cell Phone:

Work Phone:

Preferred Email Address:

Languages Read/Spoken Fluently (indicate if only read or only spoken):

Professional Licenses Held and Year Attained:

References: Provide three letters of references. At least two of the references should be from clinical supervisors. It is preferred that at least one be from an interdisciplinary team member with whom you have worked. Each letter should include the writer's current title, place of employment, phone number and email, and their relationship to you.

1. Are you authorized to work lawfully in the United States?

___ Yes ___ No

2. Will you now or in the future require visa sponsorship for employment in the United States?

___ Yes ___ No

In compliance with federal law, all persons selected for the Palliative Care Social Work Fellowship will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

I declare that the information contained in this application is correct and complete to the best of my knowledge. I understand that Montefiore Medical Center may request additional information from any of the institutions I have named above regarding my candidacy. I understand that misrepresentation of facts in this application process will be cause for rejection of the application or termination after training begins.

Signature: _____

Date: _____

Please write a double-spaced statement retaining the 1" margins beginning on this page. The statement should describe your experience and interest in palliative care, your reason(s) for applying for the Fellowship, your learning goals, any special interests you hope to pursue during the Fellowship, and your future plans and goals for using the knowledge and experience gained from the Fellowship. The statement should also discuss your connections to NYC . The maximum length of the statement is three pages.