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Date: ____

Opportunities for Women in Leadership (OWL) New York ACEP Member Mentee Application

First Name:	Middle In	itial:Last Name:	
Degrees			
Institution/Hosp	oital:		
Street:			
City:		State:	_ Zip:
Mobile Phone:		<u> </u>	
Email:		_	
Select One of	the Following Categories		
Reside	nt		
Junior	Faculty (≤ 5 years since gradua	tion from residency)	
Establi	shed Faculty (> 5 years since g	raduation from residency)	
□ Administrativ □ Critical Care □ Education □ Global Healt □ Pediatric EM All Applicants • CV • Person	h Please E-mail the Following al Statement (750-word limit) th What are your short and long- What are the most difficult cha What do you hope to achieve	nat answers the following of term career goals? allenges you are experience through participation in this	nyacep.org. questions: ing in your current position?
of recommendate Resident Apple a letter of endo and that the pro New York ACE	icants. In addition to the matering remarks. In addition to the matering remarks from your Program Directly or well support your year-low P 2019 and 2020 Scientific Ass	nt Chair is recommended.) ials listed above, e-mail or ector confirming that you a ng participation in the OWL emblies. r and if accepted to the pro	ne letter of recommendation and are in good academic standing program and attendance at the ogram, I will commit to attend the