



**ADMINISTRATIVE FELLOWSHIP
Application Cover Sheet**

Please print and complete this cover sheet and forward it along with all of the following materials to the address listed below. Please note that all materials are required and must be received in order for your application to be reviewed by the committee:

- Application cover sheet
- Personal statement
- Resume
- Three (3) current letters of recommendation (combination of academic and professional)
- Official graduate school transcript(s)

NAME: _____

MAILING ADDRESS: _____

PHONE: _____

E-MAIL ADDRESS: _____

GRADUATE SCHOOL: _____

DEGREE EXPECTED: _____

DATE OF DEGREE: _____

For which Fellowship cycle are you applying (*please check one*)?:

JULY ROTATION: July 2010 - June 2011 (applications must be received by October 15, 2009)

JANUARY ROTATION: January 2011 - December 2011 (applications must be received by April 30, 2010)

Ochsner Health System includes various locations throughout the state of Louisiana. If you have a preference of location, please mark the appropriate region below:

NEW ORLEANS REGION

BATON ROUGE REGION

EITHER/NO PREFERENCE

Please remit all application materials to:

Michael F. Hulefeld, CEO
Administrative Fellowship Program
Ochsner Medical Center
Brent House 5th Floor
1514 Jefferson Highway
New Orleans, LA 70121

For more information, please call 504-842-4068 or email adminfellow@ochsner.org

Thank you for your interest.