Salem Health
P.O. Box 14001
Salem, Oregon 97309-5014
503-561-5200
salemhealth.org

Salem Health Administrative Fellowship
Application Checklist

DUE DATE: All applications to be postmarked by October 31, 2011

Please Include Checklist with Application Packet

Name of Applicant: _____

School of Applicant: _____

Applicant's Email: _____

Applicant's Phone #: _____

- ☐ Resume

- ☐ Cover Letter explaining your interests in a healthcare career and what you hope to gain from a fellowship (two pages maximum, addressed to the Fellowship Selection Committee)

- ☐ Academic letters of reference
  Circle one: included in packet / sent from author

- ☐ Professional letter of reference
  Circle one: included in packet / sent from author

- ☐ A third letter of reference (my choice academic or professional).
  Circle one: included in packet / sent from author

- ☐ Official Graduate School Transcripts.
  Circle one: included in packet / sent from school

Send Materials to: Attn: Hannes Skillingstad
Administrative Fellow
Salem Hospital
890 Oak St. SE
P.O. Box 14001
Salem, Oregon 97309-5014