



St. Luke's Hospital & Health Network Trauma/Surgical Critical Care Application

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Program Attended(ing): _____

Year and date of program graduation: _____

How did you hear about our residency program? _____

Application Requirements:

- Two letters of recommendation
 - If you have graduated within one year of program start date one letter must be from your Program Director
- Copy of Curriculum Vitae
- Copy of current BLS/ACLS cards
- Copy of Official Program transcripts

Please return application and all required documents no later than April 30. Interviews will be conducted during the month of May and June. Acceptance letters will be sent in June.

Send to:

Laurie Wilson, PA-C
St. Luke's Hospital
Trauma/Critical Care Residency Program
801 Ostrum St.
Bethlehem, PA 18015

The applicant must be able to provide proof of the following prior to the October start date:

- Graduate of an accredited program
- Board certification
- Pennsylvania State Licensure

Please email or call with any questions: wilsonla@slhn.org / (610) 954-2207