

UNIVERSAL HAND SURGERY FELLOWSHIP APPLICATION

This form has been approved for use by most programs in the Hand Fellowship Match. It may be duplicated. Applications and documents should be directed to the individual program chief.

NRMP Candidate No. _____ Fellowship to begin (circle month) July/January _____ (Year?)

Name _____

Present Address _____

City / State / Zip _____

Telephone (Work) _____ (Cell) _____

Email _____

Soc. Sec. No. _____

Permanent Address (if different from Present Address above) _____

Please describe any accommodation needed to participate in the application process:

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

(You will be required to provide proof of your identity and authorization to work within three (3) business days after you begin work.)

Undergraduate Education

| College or University | Dates Attended | | Degree |
|-----------------------|----------------|----|--------|
| 1. Name | From | To | |
| Location | | | |
| Honors | | | |
| 2. Name | From | To | |
| Location | | | |
| Honors | | | |

Graduate Education (Non-medical)

| School | Dates Attended | | Area of Study | Degree |
|----------|----------------|----|------------------|--------|
| 1. Name | From | To | | |
| Location | | | Graduation Date: | |
| Honors | | | | |
| 2. Name | From | To | | |
| Location | | | Graduation Date: | |
| Honors | | | | |

Medical Education

| Medical School | | Dates Attended | | |
|----------------|------|----------------|---------------------|--|
| 1. Name | From | To | Date of Graduation: | |
| Location | | | Degree: | |
| Honors | | | | |
| 2. Name | From | To | Date of Graduation: | |
| Location | | | Degree: | |
| Honors | | | | |

PG Years

| Hospital - Location | Dates | | Specialty - Director |
|---------------------|-------|----|----------------------|
| 1. | From | To | |
| | | | |
| 2. | From | To | |
| | | | |
| 3. | From | To | |
| | | | |
| 4. | From | To | |
| | | | |
| 5. | From | To | |
| | | | |

| National Board Exams | ECFMG | Flex Exam | D.O. Exam |
|---|-------------|---|-------------|
| # | # | # | # |
| Part #1 _____ Date _____ Score _____ | Date _____ | Part #1 _____ Date _____ Score _____ | Date _____ |
| Part #2 _____ Date _____ Score _____ | Score _____ | Part #2 _____ Date _____ Score _____ | Score _____ |
| Part #3 _____ Date _____ Score _____ | | | |

Board Certification

Name _____ Year _____ Name _____ Year _____

Licensure (Enclose Copies)

State _____ State _____ State _____
Number _____ Number _____ Number _____

Any suspensions, restrictions, disciplinary actions? (Please describe)

Research Experience and Grant Experience

Publications and Presentations

References: Send to Program Director

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| _____ | _____ |
| _____ | _____ |
| 2. _____ | 4. _____ |
| _____ | _____ |
| _____ | _____ |

Military or Government Service

Have you ever had any job-related training in the U.S. Armed Services? If yes, please describe:

Special Interests or Abilities

Please describe any personal talents, hobbies, or abilities (at your own option, you may limit your response to those interests that you believe may enhance your performance as a Fellow):

Foreign Languages

Do you have any foreign language skills that might help you perform the fellowship for which you applied?

Yes No

If yes, please describe:

Personal Statement

Address why you wish additional hand surgery training and explain any interruptions in your education or training. Your statement may be attached as a separate sheet. Do **not** exceed one page.

Invitation for interview is dependent upon a completed application, including specified copies and reference letters. In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts. I authorize you to investigate and verify all of the information that I have provided in this application. I understand that false information is grounds for immediate dismissal. I agree to notify you promptly of any changes in my status.

Signature _____ Date _____