

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 August 1, _____

Name _____

Present Address _____

City/State/Zip _____

Telephone (Work) _____ (Home) _____

Soc. Sec. No. _____

Permanent Address (if different) _____

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
	FROM	TO	
1. Name			
Location			
Honors			
2. Name			
Location			
Honors			

GRADUATE EDUCATION (NON-MEDICAL)

School	Dates Attended		Graduation Date:
	FROM	TO	
1. Name			
Location			
Honors			
2. Name			
Location			
Honors			

MEDICAL EDUCATION

Medical School	Dates Attended		Area of Study	Degree
	FROM	TO		
1. Name				
Location				Graduation Date:
Honors				
2. Name				
Location				Graduation Date:
Honors				

PG YEARS

Hospital - Location

Dates

Specialty - Director

FROM

TO

1.			
2.			
3.			
4.			
5.			

NATIONAL BOARD EXAMS

ECFMG

FLEX EXAM

D.O. EXAM

Part #1

Date

Part #1

Date

Date Score

Date

Date Score

Date

Part #2

Score

Part #2

Score

Date Score

Score

Date Score

Score

Part #3

Date Score

BOARD CERTIFICATION

NAME YEAR NAME YEAR

BOARD CERTIFICATION

STATE STATE STATE

NUMBER NUMBER NUMBER

Any suspensions, restrictions, disciplinary actions? (Please Describe) _____

RESEARCH EXPERIENCE AND GRANT EXPERIENCE

PUBLICATIONS AND PRESENTATIONS (ATTACH COPIES OF PUBLICATION)

REFERENCES: SEND DIRECTLY TO PROGRAM DIRECTOR

Please obtain four professional references including a hand surgeon and the Chief of your residency program and also forward a copy of your medical school transcript.

MILITARY OR GOVERNMENT SERVICE

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

SPECIAL INTERESTS AND 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 are applying?

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 change in my status.

Signature _____

Date _____