

# 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**

# \_\_\_\_\_

Part #1

Date \_\_\_\_\_  
Score \_\_\_\_\_

Part #2

Date \_\_\_\_\_  
Score \_\_\_\_\_

Part #3

Date \_\_\_\_\_  
Score \_\_\_\_\_

**ECFMG**

# \_\_\_\_\_

Date \_\_\_\_\_

Score \_\_\_\_\_

**FLEX EXAM**

# \_\_\_\_\_

Part #1

Date \_\_\_\_\_  
Score \_\_\_\_\_

Part #2

Date \_\_\_\_\_  
Score \_\_\_\_\_

**D.O. EXAM**

# \_\_\_\_\_

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

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PUBLICATIONS AND PRESENTATIONS (ATTACH COPIES OF PUBLICATION)

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REFERENCES: SEND DIRECTLY TO PROGRAM DIRECTOR

Please obtain four professional refernces 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:

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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):

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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:

\_\_\_\_\_

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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 \_\_\_\_\_