

New Albany Surgical Hospital Foundation Subspecialty Training/Fellowship Program Application

This Form may be duplicated. Applications and documents should be directed to the individual program chief. Individual programs may ask for additional information.

NRMP Candidate No. _____

Fellowship To Begin July _____

January _____

August _____ Length _____ (years)

Name _____

Present Address _____

City/State/Zip _____

Telephone (Work) _____ (Home) _____

Soc. Sec. No. _____

Permanent Address (if different) _____

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	Date Attended		Area Of Study	Degree
1. Name	From	To		
Location			Graduation Date	
Honors				
2. Name	From	To		
Location				
Honors				

Medical Education

Medical School	Date 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	Other Exam (if applicable)	
#	#	#	#
_____	_____	_____	_____
Part #1 _____ Date Score	_____	Part #1 _____ Date Score	Date _____
Part #2 _____ Date 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) _____

Do you have any health problems which would affect your fellowship performance or abilities?

(Please Describe) _____

Research Experience and Grant Experience

Publications and Presentations (Attach copies of publication)

Reference: Send to program director

Please obtain four professional references including a physician in your desired area of subspecialty training and the chief of your residency program. These reference letters should specifically answer the following questions:

1. How would you rank (%) the applicant in his residency over the past five years compared to all other residents during that time period?
2. Are you aware of any paraprofessional or peer conflicts that have occurred with the applicant?
3. Is the applicant skillful and careful? Would you trust him with one of your patients?
4. If you have more than one applicant applying for a sports medicine fellowship, How does each rank compared to the others?

Military or Government Service

Branch _____

Dates _____

Current Status _____

Future Obligations _____

Special Interests & Abilities

Recreational or athletic _____

Personal Statement address why you wish additional subspecialty 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 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 any and all of my references. I understand that false information is grounds for immediate dismissal. I agree to notify you promptly of any change in my status. I understand that all appointments are for one year.

Signature_____ Date_____