UNIVERSAL HAND SURGERY FELLOWSHIP APPLICATION

Fellowship positions are limited to candidates who have completed an orthopaedic residency in a U.S. accredited institution only. Positions filled via Combined Musculoskeletal Matching Program.

NRMP Candidate No	Fe	Fellowship to begin (circle month) August(Year?)		
Name				
Present Address				
City / State / Zip				
Telephone (Work) ()		(Home) ()	
Email				
Social Security Number		<u> </u>		
Permanent Address (if different)				
Please describe any accommodation	n needed to participate	in the application p	rocess:	
If hired, can you furnish proof that y (You will be required to provide proof or	_			you begin work.)
Undergraduate Education				
College or University	Dates Atten	ded	Degree	
1. Name	From	То		
Location				
Honors	<u>'</u>	<u> </u>	•	
2. Name	From	То		
Location				
Honors		I		
Graduate Education (Non-medica	1)			
School	Dates Atten	ded	Area of Study	Degree
1. Name	From	То		
Location			Graduation Date:	
Honors	<u> </u>		I	
2. Name	From	То		
Location			Graduation Date:	
Honors				

Medical Education

Medical School		Dates Attende	ed				
1. Name		From	То	Date of Graduation:			
Location				Degree:			
Honors		-1	•	•			
2. Name		From	То	Date of Graduation:			
Location				Degree:			
Honors			I				
PG Years – It is acceptable to combine years if all with the same department and at same institution.							
Hospital - Location		Dates To		Specialty -	Specialty - Director		
1.		From	То				
2.		From	То				
3.		From	То				
4.		From	То				
5.		From	То				
National Board/USMLE	ECFMG		Flex Exam		D.O. Exam		
	#		#		#		
	#		#		#		
Cton #4	Data				Dete		
Step #1 Score	Date		Part #1 Score		Date		
Step #2	Score		Part #2		Score		
Date Score	00010		Date	Score			
Step #3							
Date Score	l		I				
Board Certification							
Name	Year		Name		Year		
Licensure							
State	State		State				
Number Number		Number					
Any quananciana mastriationa disciplinary actions 2 (Dlassa describe)							
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 abiliti believe may enhance your performance as a Fellow): _	ties (at your own option, you may limit your response to those interests that you			
Foreign Languages Do you have any foreign language skills that might hel If yes, please describe:				

Personal Statement Address why you wish additional hand surgery training and explain any inte Your statement may be attached as a separate sheet. Do <i>not</i> exceed one p	
Invitation for interview is dependent upon a completed application, including application, I certify that all of the foregoing information is a complete and a and verify all of the information that I have provided in this application. I undismissal. I agree to notify you promptly of any changes in my status.	ccurate statement of the facts. I authorize you to investigate
Signature	Date
Mail to: Department of Orthonordic Surgery, Att. Vetler Harris	unco Modical Contor Poulovard Poy 1070
Mail to: Department of Orthopaedic Surgery, Att: Kathy Herma Winston Salem, NC 27157–1070 – (336) 716–3946 – phone –	
http://www.wfubmc.edu/ortho	(330) / 10-3001 - 1ax - Hermance@widdinc.edu
map.//www.wrabine.edu/oraio	
Required attachments: Curriculum Vitae, Letters of Recomme	ndation x 3, USMLE Score Reports (copies

acceptable), Photograph