UNIVERSAL HAND SURGERY FELLOWSHIP APPLICATION

Fellowship positions are limited to candidates who have completed an Orthopaedic Surgery or Plastic Surgery Residency in U.S.-accredited institution.

NRMP Candidate No. _____ Fellowship to begin (circle month) August _____(Year?)

Name _____

Present Address _____

City / State / Zip_____

Telephone (Work) (_____)_____ (Home) (_____)_____

Email_____

Social Security Number _____

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
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 – It is acceptable to combine years if all with the same department and at same institution.

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

National Board/USMLE	ECFMG	Flex Exam	D.O. Exam
	#	#	#
Step #1 _____ Date _____ Score	Date _____	Part #1 _____ Date _____ Score	Date _____
Step #2 _____ Date _____ Score	Score_____	Part #2 _____ Date _____ Score	Score_____
Step #3 _____ Date _____ Score			

Board Certification

_____ Name _____ Year

_____ Name _____ Year

Licensure

_____ 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. _____

_____

_____

2. _____

_____

_____

3. _____

_____

_____

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 _____

Mail to: Wake Forest Baptist Health
Department of Orthopaedic Surgery
Att: Lisa Ramsey
Medical Center Boulevard
Box 1070, Winston Salem,
NC 27157-1070

Phone: (336) 716-3932, Fax: (336) 716-3861, Email: lramsey@wakehealth.edu

Required attachments: Curriculum Vitae, Letters of Recommendation x 3, USMLE Score Reports (copies), photo