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 July _____

January _____

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
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

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

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 _____

Licensure (Enclose Copies)

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 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.

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 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 _____