

# 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 (circle month) July/January \_\_\_\_\_ (Year?)

Name \_\_\_\_\_

Present Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Permanent Address (if different from Present Address above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.)*

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## Undergraduate Education

College or University	Dates Attended		Degree
1. Name	From	To	
Location			
Honors			
2. Name	From	To	
Location			
Honors			

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## 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	ECFMG	Flex Exam	D.O. Exam
#	#	#	#
Part #1 _____ Date _____ Score _____	Date _____	Part #1 _____ Date _____ Score _____	Date _____
Part #2 _____ Date _____ Score _____	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)

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**Research Experience and Grant Experience**

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**Publications and Presentations**

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**References:** Send to Program Director

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| _____    | _____    |
| _____    | _____    |
| 2. _____ | 4. _____ |
| _____    | _____    |
| _____    | _____    |

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**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 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):

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**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:

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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 changes in my status.

Signature \_\_\_\_\_ Date \_\_\_\_\_