

APPLICATION FOR FELLOWSHIP IN SURGICAL CRITICAL CARE
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
MEMPHIS, TENNESSEE 38163

PLEASE ATTACH
SMALL **COLOR** PHOTO
HERE

Please circle choice: One year position Two year position either

NAME: TELEPHONE NUMBER:

SOCIAL SECURITY NUMBER: DATE OF BIRTH:

CITIZEN OF USA

PRESENT ADDRESS:

PERMANENT ADDRESS:

EMAIL ADDRESS:

COLLEGE EDUCATION

INSTITUTION:

LOCATION:

DATES ATT:

DEGREE:

MEDICAL SCHOOL EDUCATION

INSTITUTION:

LOCATION:

DATES ATT:

DEGREE:

RESIDENCY

INSTITUTION:

LOCATION:

DATES ATT:

DEGREE:

FELLOWSHIPS/POSTGRADUATE EDUCATION

INSTITUTION:

LOCATION:

DATES ATT:

DEGREE:

MONTH AND YEAR YOU WISH TO BEGIN FELLOWSHIP:

Application Procedure

1. Please enclose your most recent curriculum vitae, which should include but not be limited to honors, medical licensure, military service, board certification, languages spoken, publications and major presentations.
2. Three (3) letters of recommendation and a copy of your Educational Council for Foreign Medical Graduates, if applicable, must be forwarded to the Program Director.
3. Please include a brief summary of your special interests and plans for the future.
4. No appointments will be made without a personal interview.

Return application to: Flavenia L. Leaper
SCC Program Coordinator
University of Tennessee Health Science Center
910 Madison, #220
Memphis, TN 38163