



**Foundation for Orthopaedic Research and Education
Hand Fellowship**

CHECKLIST

Please use this sheet as a **GUIDE** to submitting your application. Complete application packets are due on or before **December 14, 2009**.

- 1. Foundation for Orthopaedic Research and Education Hand Fellowship Application
- 2. Circum Vitae
- 3. Copy of Licensure(s)
- 4. Copy of Board Certification(s)
- 5. 3 Letters of Recommendation
- 6. Proof of Citizenship (or Visa)
- 7. Personal Statement
 - No more than one page in length

RETURN TO:

**Foundation for Orthopaedic Research and Education
Office of Continuing Medical Education
13020 Telecom Parkway N.
Tampa, FL 33637
Fax: 813-903-6900
Email: mgregory@FOREonline.org**

Questions regarding application may be addressed to:
Mindy Gregory at 813-903-6961 or mgregory@foreonline.org. An email confirmation will be sent once your application documentation is received.



HAND SURGERY FELLOWSHIP APPLICATION

Fellowship to begin August 20_____

Name_____

Present Address_____

City / State / Zip_____

Telephone (Work) _____ (Home) _____

Email_____

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 | | | |

| 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)

Research Experience and Grant Experience

Publications and Presentations

References: Please include CV and three letters of recommendation with application. List references below. (CV example provided)

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 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 _____

Curriculum Vitae
Name (in full), degree

Date (Month, Day, Year)

Contact Information

- Address
- Phone Number
- Fax Number
- Email
- Foreign Languages (native, fluent, proficient, or working knowledge)

Education

- List chronologically all undergraduate and graduate education
- Include name of degree, date awarded, name of institution, and major

Post Graduate Education and Training

- List chronologically all training positions (internships, residencies, post doctoral fellowships, etc...)
- Include date, institution and mentor (if applicable) for each position

Certifications (If applicable)

- List all board and/or specialty certifications with year received

Medical Licensures

- List all medical and/or other state/federal licensures with year issued and status (*active* or *inactive*).

Military Service (If applicable)

- Provide rank, location of service and dates

Professional Society Memberships

- Report years and type of membership for each professional society to which you currently belong or belonged to in the past.

Honors and Awards

- List chronologically the year received, name of each award and/or awarding institution, and nature of award if not apparent.

Team Coverage Experience

- List any team coverage experience

Administrative Service

- List all committees serviced or chaired and years; including: department committees, SOM committees, hospital committees, special assignments, etc...

Local and National Service

- List name of organization and years of service

- Examples: officer or committee member of a professional society, member on an editorial board; editor of symposia, text or journal; examiner of a professional organization; grant reviewer; journal manuscript reviewer; convener of symposia workshop, etc...)

For example:

2000 Member, Resident Leadership Committee, American Board of Orthopaedic Surgery
2001 Resident Representative, *Accreditation Council for Graduate Medical Education*.

Grant Support

- List grants chronologically in separate sections whether they are currently active, submitted or completed

Publications

- Include last names and initials of all authors and underline or bold own name in each reference
- Provide complete bibliographic information (title, name of source, volume, page numbers, year, etc.)
- Publications should be numbered within each section, **single-spaced** and listed in **chronological** order
- Separate publications according to the following headings:

Peer-Reviewed Publications

Non-Peer Reviewed Publications

Web based journal articles

Books & Book Chapters

Abstracts and/or Proceedings

Other Brief Communications

Published Multimedia