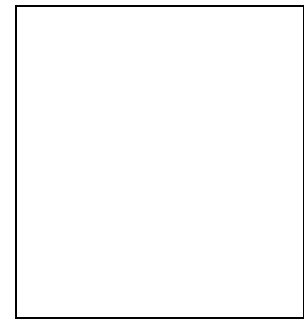


American Shoulder & Elbow Surgeons Shoulder Fellowship Application

August 1, 2009 – July 31, 2010

****Application Deadline – October 1, 2007****



INSERT PHOTO

Program : _____
(please fill in the name of the program you are applying to)

Fellowship Director: _____
(please fill in the name of the director of the program you are applying to)

GENERAL INFORMATION

Name: _____

Social Security #: _____

Address: _____

City & State: _____ **Zip Code:** _____

Home Tel: _____ **Work Tel:** _____

Pager: _____ **Email:** _____

Are you a U.S. Citizen? Y____ N____
In not a U.S. citizen, please include type of Visa _____

Alien Registration # _____

Do you have the legal right to work in the US? Y____ N____

Foreign Languages Spoken _____

Any Military Commitment Pending _____

EDUCATION

	<u>Institution, City</u>	<u>Dates of Attendance</u>	<u>Degree/Diploma</u>	<u>Date of Graduation</u>
College				
Graduate School				
Medical School				

POST GRADUATE EDUCATION

<u>Institution</u>	<u>Position</u>	<u>Inclusive Dates</u>

List any honors, special awards, and/or recent publications:

CREDENTIALS

USMLE Part 1: Date/Score _____ **FLEX EXAM** Y_____ N_____

 Part 2: Date/Score _____

 Part 3: Date/Score _____

MEDICAL LICENSES (list states)

<u>State</u>	<u>License #</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any physical, emotional, or medical disabilities that would affect your fellowship performance or ability? _____

Please list any special interests or hobbies _____

REFERENCES

Please request at least (3) physicians or teachers, under whom you have worked with in a clinical setting, to send letters of recommendation. (1) of your letters of recommendations must be from your Residency Program Director.

List the names, addresses and office numbers of those who will be writing letters for you.

1.

2.

3.

A completed application, (3) references, and a C.V. are due on October 1, 2007 to each program to which you are applying.