

Instructions for Application for Fellowship Training Programs
Department of Anesthesiology and Pain Management
The University of Texas Southwestern Medical Center at Dallas and Affiliated Hospitals

PLEASE READ THESE INSTRUCTIONS CAREFULLY

- * The enclosed application form and all supporting materials are required for any applicant wanting to be considered for training in any University of Texas Southwestern Medical Center at Dallas program.
- * Please completely fill out the application form.
- * Be sure to identify the fellowship program in which you are interested.
- * All information should be typed or printed, preferably using black ink.
- * Applications for fellowship positions are considered on an individual basis.
- * In addition to the application form we require the following:
 - **A recent photo** (black and white is preferred).
 - **A current curriculum vitae.** Please include information regarding any hospital, graduate school or medical research experience and Medical School and Postgraduate honors.
 - **A personal statement** no longer than 500 words including information about applicant's background, motivation, career plans, personal considerations and any other important factors bearing on your candidacy for fellowship.
 - **A copy of your Dean's Letter and a notarized copy of your medical school transcript.**
 - **One letter of recommendation from the chair of the department in which you completed residency training.**
 - **Two letters from attending physicians on the teaching faculty.**
 - **A copy of applicant's In-Training scores and percentiles.**
- * Once your application is complete, it will be reviewed by the Fellowship Committee and you will be notified if an interview has been granted. Please note that we require a formal, in-person interview. Phone interviews are not accepted.

International Medical Graduate Requirements:

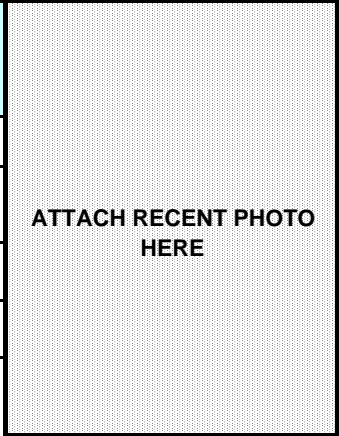
- **The training program at UT Southwestern can only accept registered aliens (green card) or non-registered aliens holding a J-1 visa.**
- **Please include proof of visa status (i.e. green card or IAP66).**
- **Provide a copy of ECFMG certificate or letters indicating exams have been taken and passed.**

Any documents not in English must have an English translation attached. Translations must be on official letterhead and certified as correct by an official translator.

Application for Fellowship Training

The University of Texas Southwestern Medical School and Affiliated Hospitals

Return application and supporting documents to Crickett Forest at the address below. Only complete applications will be considered. We accept ONLY J-1 training visas.



PLEASE TYPE OR PRINT INFORMATION

Date of Application: _____

Fellowship in: _____ Beginning Date: _____

Social Security #: _____ Research Interest: _____

Citizenship: _____ Visa type (if applicable): _____

**ATTACH RECENT PHOTO
HERE**

Last Name First Name Middle Name

Full Name: _____

Home Address: _____ Email: _____

Home Hospital Beeper or mobile

Telephone: _____

Emergency Contact: _____

Address: _____

Phone: _____ Relationship to applicant: _____

EDUCATION

	<u>Institute Full Name</u>	<u>City/State</u>	<u>Inclusive Dates (mm/dd/yy)</u>	<u>Degree/Major</u>
High School:	_____	_____	_____	_____
Pre-med:	_____	_____	_____	_____
Graduate School:	_____	_____	_____	_____
Medical School:	_____	_____	_____	_____

POSTGRADUATE

	<u>Institution Full Name</u>	<u>City/State</u>	<u>Inclusive Dates (mm/dd/yy)</u>	<u>Type</u>
1st Year Postgraduate:	_____	_____	_____	_____
2nd Year Postgraduate:	_____	_____	_____	_____
3rd Year Postgraduate:	_____	_____	_____	_____
Board Certified or eligible?:	_____	_____	Specialty: _____	_____

EXAMINATIONS (Please send copies of scores)

NATIONAL BOARDS:	Part I: Date _____	Part II: Date _____	Part III: Date _____
	Score _____	Score _____	Score _____
USMLE:	Step 1: Date _____	Step 2: Date _____	Step 3: Date _____
	Score _____	Score _____	Score _____

ADDITIONAL INFORMATION

Please estimate your scholastic standing in your class. _____

Honors and awards: _____

Research experience (hospital, graduate school, medical): _____

Other certification (medical, nursing, technical): _____

Medical licensure: _____
State _____ Number _____ expiration date _____
State _____ Number _____ expiration date _____

Is there any reason that would interfere with or prevent you from performing the essential functions of the residency position you have applied for, with or without reasonable accommodation? Yes No (Circle one)

If yes, please explain: _____

Military status: Branch of Service: _____ Are you a member of a Reserve organization? _____
Active Duty Service from ____ / ____ to ____ / ____ Yes No

Do you currently have any service commitment? If yes, please explain: _____

Why are you applying to this residency program? _____

ACKNOWLEDGMENTS/RELEASE OF INFORMATION

PLEASE READ CAREFULLY:

I acknowledge the above answers and all other information otherwise given by me as true, complete and not misleading in any way. I understand that any false, incomplete or incorrect statements furnished by me can result in discharge if I am accepted to the program. In the event that I am accepted at UT Southwestern Medical School and Affiliated Hospitals, I agree to comply with all regulations and/or policies. I understand that either I or UT Southwestern may discontinue the training relationship at any time for any reason as directed by the applicable policies and procedures of The University of Texas Southwestern Medical School.

Signature of Applicant

Date

RELEASE OF REFERENCES:

I hereby authorize my former schools, associates and employers to provide UT Southwestern with information regarding my academic achievements, character, and services. I will not hold such organizations, nor individuals' employed by such organizations liable for furnishing same. I hereby waive my right to receive written notice of any information provided. In addition, I authorize the Department of Anesthesiology and Pain Management to share any or all of the information and documents in my application file with hospitals affiliated with UT Southwestern.

Signature of Applicant

Date

This statement applies to applicants training on visas only. You are not required to sign this statement if you are a citizen, or permanent resident (green card holder).

Signature of Applicant

Date

PERSONAL DATA

The University of Texas Southwestern Medical Center at Dallas is required by law to obtain specific types of applicant information to provide such information to federal agencies on a regular basis. We ask you provide us with the following information. This information will in no way affect your opportunities for selection in the program.

Date of Birth: _____

Place of Birth: _____

Sex: M F

Maiden Name (if applicable): _____

Spouse's Full Name (including appropriate degrees): _____

Ethnic Classification:

	Black (non-Hispanic)	<input style="width: 100%;" type="text"/>	American Indian/ Alaskan Native	<input style="width: 100%;" type="text"/>	White (non-Hispanic) Asian/Pacific Islander	<input style="width: 100%;" type="text"/>	Mexican American Indian Subcontinent	<input style="width: 100%;" type="text"/>
	Puerto Rican	<input style="width: 100%;" type="text"/>	Other Hispanic	<input style="width: 100%;" type="text"/>				
	Middle Eastern	<input style="width: 100%;" type="text"/>	Other	<input style="width: 100%;" type="text"/>				

The University of Texas Southwestern Medical Center at Dallas does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, citizenship status or veteran's status in recruitment, employment, promotion, compensation, benefits, or training.

