

SURGICAL CRITICAL CARE FELLOWSHIP

APPLICATION FORM

Demographic Information:

Name (last, first, middle): _____

Address (present): _____

Telephone (xxx-xxx-xxxx): _____

E-mail: _____

Do you require sponsorship for employment visa status? Yes No

HonorHealth seeks outstanding applicants for this one-year, ACGME-accredited fellowship. The fellowship is open to applicants who completed training in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited in general surgery.

Did you graduate from an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited in general surgery?

Yes No

PLEASE NOTE: If you have responded “yes” to the first question or “no” to the second question above, please do not proceed with completing this application. The program is unable to sponsor a visa and only accepts trainees from ACGME accredited programs.

Have you ever been convicted of a criminal offense, either misdemeanor or felony other than minor traffic violations? Yes No



If yes, please explain here

Has your medical license ever been revoked or put on probation status? Yes No

If yes, please explain here

GME Education and Training: *Please provide a photocopy of each certificate.*

Residency: _____
Institution City and State Years at Institution

Residency: _____
Institution City and State Years at Institution

Fellowship: _____
Institution City and State Years at Institution

Fellowship: _____
Institution City and State Years at Institution

USMLE/COMLEX Step III Date Passed: _____

In-Training Exam Score/Percentile for each PGY:

PGY	SCORE	PERCENTILE

Medical School(s): *Please provide a photocopy of each medical school diploma.*

Institution	Inclusive Dates	Degree(s)	Major	Minor
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Institution	Inclusive Dates	Degree(s)	Major	Minor
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Graduate Program(s):

Institution	Inclusive Dates	Degree(s)	Major	Minor
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Institution	Inclusive Dates	Degree(s)	Major	Minor
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Undergraduate Program(s):

Institution	Inclusive Dates	Degree(s)	Major	Minor
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Institution	Inclusive Dates	Degree(s)	Major	Minor
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Medical Licensure(s):

1. State: _____ License: _____ Status: _____
2. State: _____ License: _____ Status: _____
3. State: _____ License: _____ Status: _____

Board Certification: *If yes, list each specialty.*



Board certified: Yes No

Specialty: _____

Date: _____

Specialty: _____

Date: _____

Specialty: _____

Date: _____

Board Eligibility: *If yes, list each specialty.*

Board certified: Yes No N/A

Specialty: _____

Date Planned: _____

Specialty: _____

Date Planned: _____

Specialty: _____

Date Planned: _____

References:

Please provide the names of three current professional references.

1. _____
Name Title & institution Telephone E-mail

2. _____
Name Title & institution Telephone E-mail

3. _____
Name Title & institution Telephone E-mail

Other Supporting Materials: *Please provide/attach the following documents to this application.*

- Curriculum vitae
- Personal statement describing your interest in and commitment to a career in surgical critical care as well as your career goals upon fellowship completion
- Three letters of recommendation, one of which should be from your department head, program director or division chief
- Official medical school transcripts
- Official test transcripts for all applicable examinations (USMLE/COMPLEX/ABSITE)



- A valid ECFMG certificate (if you graduated from medical school outside of the United States)

Digital Signature: _____

Date: _____

Submitting Application and Supporting Documents:

Please e-mail this document with all requested information to SCCFellowship@honorhealth.com