



Oregon Health and Science University
School of Medicine
Department of Surgery
Surgical Trauma/Critical Care

APPLICATION FOR: Fellowship

In Surgical Critical Care for period beginning _____ at _____ year level (4, 5, 6, 7, 8).

Acceptance of this application is contingent upon completion of answers in full, written legibly or typed (preferred). **It is not acceptable to write "see CV" when completing this application.**

1. Name _____
Surname First Name Middle Name Maiden Name
2. Present address _____
Number Street City State Zip
3. Home address _____
Number Street City State Zip
4. Current Email Address: _____
5. Social Security # _____
6. Present telephone _____
7. Place of Birth _____
8. Home telephone _____
9. Date of Birth _____
10. Country of Citizenship _____
11. If not US Citizen, list Visa type and number _____
12. ECFMG # (If appropriate) _____ Valid through _____
13. College(s) or University(s) / Dates of Graduation / Degree(s): _____

14. Medical School _____ Dates Attended _____
Date of Graduation _____ Degree _____
15. Previous Internship: Hospital _____ Service _____
(If Any) Dates _____
16. Previous Residency: Hospital _____ Service _____
(If Any) Dates _____
17. Staff Positions: Hospital _____ Service _____
(If Any) Dates _____
18. USMLE: Grade Step 1 _____ Grade Step 2 _____ Grade Step 3 _____
19. Licensure (States and Numbers) _____



OREGON HEALTH & SCIENCE UNIVERSITY

20. Research experience, publications, special skills _____

21. Electives, foreign travel, special medical experiences _____

22. Honors _____

23. Future plans in medicine _____

24. Major extracurricular interests _____

Signature

Date

The following are required from each applicant:

1. Completion of at least three clinical years in an accredited graduate educational program in the disciplines of general surgery, neurosurgery, urology, or obstetrics and gynecology is a prerequisite for admission to the program.
2. Signed and completed application
3. Signed and dated letter from the Dean of your Medical School
4. At least two additional letter of recommendation
5. Current CV

All applications and letters should be sent to:

Oregon Health & Science University
ATTN: Program Coordinator, L611
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098

Questions: please call 503-494-5300