

# USC DEPARTMENT OF SURGERY

Clinical and Research Fellowship Application

1510 San Pablo Street, Suite #514  
 Los Angeles, CA 90033  
 USA



**Application Instructions:** When submitting the application, please also include a photograph, three letters of recommendation, and a copy of your curriculum vitae and mail to:

Tom R. DeMeester, MD  
 Professor and Chairman  
 USC Department of Surgery  
 Keck School of Medicine  
 1510 San Pablo Street, Suite #514  
 Los Angeles, CA 90033  
 USA

APPLICANT INFORMATION		RESEARCH APPLICANT <input type="checkbox"/>	CLINICAL APPLICANT <input type="checkbox"/>	BOTH <input type="checkbox"/>
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State/ Intl	ZIP	
Phone		E-mail Address		
Marital Status	M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/>	Social Security No.	Date of Birth	
Secondary Address				
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Spouse			Number of Children	
Names of Children and Birth Date				

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Medical School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

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## POST GRADUATE TRAINING

*Please list for Residency and Fellowship*

Institution	Program Type
Location	Dates
Institution	Program Type
Location	Dates
Institution	Program Types
Location	Dates

## LICENSURE

State	Date Issued	Number
State	Date Issued	Number
State	Date Issued	Number

## ECFMG

Date	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/>	Type of Visa
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## HONORS, AWARDS, AND RESEARCH INTEREST/EXPERIENCE

Honors and Awards -- Include college and medical school honors, awards, scholarships, and offices held:

Research Interests and Experience -- List research interests and/or publications and attach separate page if needed:

## SPECIFIC AREAS/RESEARCH

What specific area(s) and/or faculty member at the USC School of Medicine Department of Surgery do you wish to work with in Research?

Area	Faculty Member
Area	Faculty Member

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## TEST SCORES

USMLE I

USMLE II

USMLE III

FLEX

ECFMG

## OTHER

List hobbies, community action and/or Medical Organizations:

Are there any factors which would limit your ability to perform the job for which you are applying?    Yes     No

If yes, please indicate:

Is partial or full funding available to you in support of a Fellowship appointment with the USC Department of Surgery?    Yes     No

If yes, please indicate amount and source:

## INCLUDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE COMMITTEE TO REVIEW

**APPLICANT SIGNATURE:** By signing I attest all information is true and accurate to the best of my knowledge.

Print Name

Signature

Date