



**Complex Joint Reconstruction Center (CJRC) Fellowship Application**

**1. Personal Information**

**First Name:**

**Middle Initial:**

**Last Name:**

**Title:**

**Gender:**

**Home Address:**

**Permanent Address:**

**Place of Birth:**

**Date of Birth:**

**Citizenship:**

**Email Address:**

**Mobile Phone:**

**Home Phone:**

## 2. Name of Educational Institutions and Dates of Graduation

**Undergraduate College/University:**

**Date of Graduation:**

**Medical School:**

**Date of Graduation:**

## 3. Post Graduate Education (List Residency Rotations)

**Institution Name/Location:**

**1<sup>st</sup> Year**

**From (mo/year) to (mo/year):**

**2nd Year**

**From (mo/year) to (mo/year):**

**3rd Year**

**From (mo/year) to (mo/year):**

**4th Year**

**From (mo/year) to (mo/year):**

**5th Year**

**From (mo/year) to (mo/year):**

**4. Additional Education or Fellowship**

**Institution Name/Location:**

**From (mo/year) to (mo/year) :**

**Type of Fellowship:**

**Name of Director:**

**Have you taken the USMLE examination?**

**YES**

**NO**

**If Yes, please provide**

	<u>Date</u>	<u>Pass/Fail</u>
<b>Step 1</b>	<input type="text"/>	<input type="text"/>
<b>Step 2 (CK)</b>	<input type="text"/>	<input type="text"/>
<b>Step 2 (CS)</b>	<input type="text"/>	<input type="text"/>
<b>Step 3</b>	<input type="text"/>	<input type="text"/>

**Do you currently hold an ECFMG Certificate?**

<b>YES</b>	<b>NO</b>
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**License to Practice Medicine**

**Country of License/License Number**

**Expiration Date:**

**Restrictions, if any:**

**5. Current Employment Information**

**Present Position (Title, Institution, Department, Employer)**

**Is this position in the public or private sector?**

**Mailing address:**

**Work phone:**

**Work email:**

**Present supervisor: (Name and Title)**

**6. Please attach**

- 1. Personal Statement where you describe the areas of your special interest in Arthroplasty.**
- 2. Recent photo**
- 3. Two Recommendation Letters on Official Letterhead from professional and/or academic references**
- 4. Copy of Medical School Diploma in English**
- 5. Resume/Curriculum Vitae (CV) to include:**
  - Special awards and honors while in medical school residency, or fellowship**
  - Membership/Leadership positions held on National, Regional or Local orthopedic committees or professional organizations**
  - Peer-reviewed articles**
  - Textbooks and textbook chapters you have authored or co-authored**
  - Other media: List movies, audio tapes, video tapes, which you have developed or co-developed**
  - National/Regional/Local scientific presentations**
  - Peer-reviewed research grants**

- **Non-academic achievements and community service activities**

## **7. Signature of Applicant**

**a. Your signature**

**b. Today's date:**

If you have any questions please send to: [complexjoint@hss.edu](mailto:complexjoint@hss.edu)

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