

Surgical Critical Care Fellowship Application
 Department of Surgery/Division of Trauma & Emergency Surgery
 7703 Floyd Curl Drive, San Antonio, TX 78229-3900

Date of Application				Attach Photo Here	
Program Length of Interest	<input type="checkbox"/> One-Year	<input type="checkbox"/> Two-Year	Start Date Desired		
Personal Profile					
Name (Last, First, MI)			<input type="checkbox"/> MD <input type="checkbox"/> DO		
Home Address			Apt. No.		
City, State, Zip					
E-Mail Address					
Cell Phone	()	Home Phone	()		

Education and Training

<u>Pre-Med</u>			
Name of University			
City, State	Dates (Month/Year)	From	To
Degree Earned	Discipline/Major		
Name of University			
City, State	Dates (Month/Year)	From	To
Degree Earned	Discipline/Major		

<u>Medical School</u> (list all programs attended)			
Name of University			
City, State	Dates (Month/Year)	From	To
Date Degree Conferred			
Name of University			
City, State	Dates (Month/Year)	From	To

<u>Internship (PGY1)</u>			
<input type="checkbox"/> Preliminary <input type="checkbox"/> Categorical			
Specialty	Program Director		
Name of Institution			
City, State	Dates (Month/Year)	From	To
<input type="checkbox"/> Preliminary <input type="checkbox"/> Categorical <input type="checkbox"/> N/A			
Specialty	Program Director		
Name of Institution			
City, State	Dates (Month/Year)	From	To

Residency (list all programs attended)			
Specialty		Program Director	
Name of Institution			
City, State		Dates (Month/Year)	From To
Specialty		Program Director	
Name of Institution			
City, State		Dates (Month/Year)	From To

Fellowship <input type="checkbox"/> N/A			
Specialty		Program Director	
Name of Institution			
City, State		Dates (Month/Year)	From To

Board Certification

<input type="checkbox"/> N/A	Board		Area of Certification		Date of Certification	
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Examination Information

MD: USMLE	Score	Pass Date	Number of Attempts	DO: COMLEX	Score	Pass Date	Number of Attempts
Step 1				Level 1			
Step 2 (CK)				Level 2 (CE)			
Step 2 (CS)				Level 2 (PE)			
Step 3				Level 3			

Medical Licenses/Training Permits/DEA

State Medical Licenses/Training Permits							
<input type="checkbox"/> License <input type="checkbox"/> Permit	State Issued		Number		Expiration Date		
<input type="checkbox"/> License <input type="checkbox"/> Permit	State Issued		Number		Expiration Date		
<input type="checkbox"/> License <input type="checkbox"/> Permit	State Issued		Number		Expiration Date		
Federal DEA Registration		<input type="checkbox"/> N/A	Number		Expiration Date		

Certifications

BLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	
ACLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	
ATLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	<input type="checkbox"/> Student <input type="checkbox"/> Instructor

Foreign Medical Graduates

Fellows who are not US citizens must have permanent residency status or a J-1 visa supported by ECFMG. The UTHSCSA does not accept the H-1B visa for training in fellowship programs.

Are you legally authorized to work in a full-time capacity in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, are you eligible to receive work authorization in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ECFMG Number	Valid Through

Research Interests

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Publications

<i>(You may reference your CV)</i>

Honors/Awards

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Professional Societies

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Hobbies, Interests, Other Activities

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Disclosure (Please provide an explanation on an additional sheet for any question answered yes.)

Education, Training and Board Certification	
Have you ever elected to leave any program of training prior to certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensure	
Has your license to practice in your profession ever been denied, suspended, revoked, restricted, voluntarily surrendered while under investigation, or have you ever been subject to a consent order, probation or any conditions or limitations by any state licensing board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received a reprimand or been fined by any state licensing board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DEA or DPS	
Have your Federal DEA and/or DPS Controlled Substances Certificate(s) or authorization(s) ever been denied, suspended, revoked, restricted, denied renewal, or voluntarily relinquished?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal	
Have you ever been convicted of, pled guilty to, or pled nolo contendere to any crime or offense other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any misdemeanor or felony charges pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been court-martialed or received non-judicial punishment while in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Letters of Recommendation (3)

List persons from whom you are requesting letters of recommendation (minimum of three). **Include the Program Director of your current/most recent training program, and have the letters sent directly to:**

Jayson Aydelotte, MD
 Program Director, Surgical Critical Care
 c/o Debbie Schwartz
 Department of Surgery/Division of Trauma, MSC 7740
 The University of Texas Health Science Center at San Antonio
 7703 Floyd Curl Drive
 San Antonio, TX 78229-3900

Name	Position	Institution
<i>(optional)</i>		

Required Documents

Please submit the following items with your application:

- Recent photograph
- Current curriculum vitae
- Personal statement of professional goals
- Copies of USMLE scores from Steps 1, 2, and 3 or COMLEX scores from Levels 1, 2, and 3
- Copy of medical school transcript
- Copy of medical school diploma
- Copies of completion certificates from each of your prior residency and fellowship training programs (if applicable)
- Copies of current medical licenses and training permits
- Copy of ECFMG certificate (if applicable)

<p>Mail your application and required documents to:</p> <p>Debbie Schwartz Project Coordinator Department of Surgery/Division of Trauma, MSC 7740 The University of Texas Health Science Center at San Antonio 7703 Floyd Curl Drive San Antonio, TX 78229-3900</p>	<p>Contact Information:</p> <p>Phone: (210) 567-1926 or 567-3623 Fax: (210) 567-0003 E-mail: schwartz@uthscsa.edu</p>
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How Did You Learn About Our Program?

- Word of Mouth
- Internet Search
- Program Director
- UTHSCSA Fellow, Resident, Student
- Other:

Certification and Consent for Release of Information

<ul style="list-style-type: none">• I certify that the information contained within this application is complete and accurate to the best of my knowledge.• I authorize The University of Texas Health Science Center at San Antonio to make inquiries to educational institutions, examination boards, state licensing boards, current and/or previous employers, members of the medical staffs and other institutions with which I have been affiliated, regarding education, specific training, experience and current competence in order to aid in my application for a surgical critical care fellowship position.• I understand and agree that I have the responsibility to produce adequate information for the proper evaluation of my professional competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications.• I hereby consent to the release of the above mentioned information to the officials of The University of Texas Health Science Center at San Antonio.			
Printed Name			
Signature		Date	

The UTHSCSA GME Policy Manual is available to applicants online at <http://www.uthscsa.edu/gme>. Applicants are strongly encouraged to become familiar with the contents of the website.